

TRANSFER OF BILLING TO TENANT BY MEMBER OWNER

This is to advise that I request the transfer of billing of water tap Meter No. _____ to the following tenant:

Name _____

Address _____

City _____

Telephone _____

The effective date of this transfer of billing is _____. It is understood that any charges not paid by the tenant will become my responsibility and will have to be paid to avoid termination of my membership. It is also understood that if any tampering of the meter occurs that the membership will be canceled and not reinstated. CCRWD#4 will not notify me if the bill is delinquent but will if my membership is about to be pulled. If I have any questions about this account, I can call CCRWD #4 and will be given a report on its status. It is understood that this is my responsibility. It is understood that I can request that a meter be turned off by written certified request to CCRWD#4

Member owner's Name _____

Address _____

City _____

Account No. _____

Dated this _____ day of _____

_____ Member owner

Subscribed and sworn to before me this _____ day of _____.

(SEAL)

My commission expires:

My Commission NO

Notary Public

COMANCHE COUNTY RURAL WATER DISTRICT #4

PO BOX 800
Cache OK 73527
580-429-8280
580-429-8233 (fax)

To all Renters/Owners

1. Bill is due by the 10th of each month. Payments can be paid online, bank draft, mail, office at 512 W Elm in Cache (after hours drop box is located west side of building south of drive up window) or All America bank (Cache Branch Only if you have your stub). If bills are not paid by the 20th at noon water will be turned off and a disconnect/reconnect fee will be charged. Water Payments have to be paid in full each month.
2. If there is a emergency and it is after hours please contact our emergency service at 1-877-574-7633.
3. Our website is www.ccrwd4.myruralwater.com
4. Please sign up for water outage alerts at our website or fill in information at bottom and we will sign you up. These alerts will let you know if there is a possible outage in your area, mandatory water rationing and any information that we need our customers to know.
5. **WE ARE UNDER MANADATORY WATER RATIONING AT THIS TIME.**
No outside watering is allowed, no filling of new pools. If you are found to be watering under water rationing you can be subject to a fine of 750.00 or what the fine is at that time.
6. We ask that you mow around the meter and not over meter any damage to the meter can, meter or meter assembly will be billed to the renter/owner.
7. Please do not put anything into your meter can, during freezing weather you can place a old rug or carpet over the meter.
8. If you feel your bill is high please reread the meter and call the office so we can determine whether meter has been misread or if a possible leak is occurring or if you are watering under water rationing.
9. This form is required to be turned in with the assignment paperwork if not turned in service will be discontinued until paperwork is received by all parties involved with membership.

Owner/Tenant _____ Date _____

Address _____

Phone number or numbers for water outage alerts _____

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

_____ I do not wish to furnish this information.

Race/National Origin:
(Select one or more)

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Native Hawaiian or other Pacific Islander
- _____ Black or African American
- _____ Hispanic or Latino
- _____ White
- _____ Other (specify) _____

Sex: _____ Female _____ Male

CO-APPLICANT

_____ I do not wish to furnish this information

Race/National Origin:
(Select one or more)

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Native Hawaiian or other Pacific Islander
- _____ Black or African American
- _____ Hispanic or Latino
- _____ White
- _____ Other (specify) _____

Sex: _____ Female _____ Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: _____ face to face interview _____ by telephone _____ by mail

Applicant's Name: (print or type) _____

Co-Applicant's Name: (print or type) _____

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

DATE: _____