



COTTON COUNTY RURAL DISTRICT #2

APPLICATION FOR WATER SERVICE AND WATER USER'S AGREEMENT

The undersigned, being the owner or occupier of land located within the above Rural Water District, hereby makes applications to said District for _____ benefit unit (s) for water service, and if water service is made available by said District, agrees to the following conditions:

- **Purchase or cause to be purchased one benefit unit for each water service.**
- **Pay a minimum monthly meter charge for each water service from time service is made available by the District, and pay for additional water used at the rate set out in the rate schedule adopted by the Board of Directors. Any changes made in the minimum monthly water charge and rate schedule by the Board agreement as though fully set out herein.**
- **When the Rules and Regulations of the District provide that water users will read their own water meters and remit payments without notice, water users will read their own water meter on the first day of each month, or the earliest date thereafter, and remit the payment of the month's water bill not later than the 15th day of the month following the month for which the bill is due as set forth in the water rate schedule. Bills not paid on the 15th day of the month shall be subject to a 6% late charge. Failure to pay a bill by the first of the month following the month in which the bill is rendered shall result in discontinuance of the service.**
- **When the Rules and Regulations of the District provide that the District will read the water meters, service bill for water used shall be rendered by the District on or before the 15th day of the month following the month in which the water is used, and the undersigned agrees to pay said service bill on or before the 15th day of the month in which the bill is rendered, or be subject to a late charge of 6%. Failure of the District to submit a service bill shall not excuse the undersigned from his obligation to pay for the water used when the bill is submitted. Failure to pay a bill by the first day of the month following the month in which the bill is rendered shall result in the discontinuance of the service.**
- **The water supplied by the District shall be for the sole use of the undersigned; The undersigned agrees that he will not extend or permit the extension of pipes for the purpose of transferring water property to another, nor will he share, resale, or sub-meter water to any other customer. Each meter shall supply water to only one residence or business establishment located on land within the District.**

- If after water service is made available the same is discontinued or disconnected for any purpose, pursuant to the by-laws and the rules and regulations of the District, reconnection shall be upon the conditions set out in the by-laws and the rules and regulations of the District.
- The undersigned agrees that he will make no physical connection between any private water system and the water system of the District. Representatives of the District may at any reasonable time come on the premises where the water is being used for the purpose of making inspection to enforce this provision. Violation of this provision shall be grounds for disconnection of service.
- The Laws of the State of Oklahoma, the bylaws of the District, and the Rules and Regulations of the District, as presently existing, and as maybe amended from time to time, are made a part of this agreement as though fully set out herein.
- The undersigned agrees to make, execute and deliver to the District a good and sufficient easement covering the following described real estate to which each Benefit Unit is to be assigned, to-wit:

LEGAL DESCRIPTION _____

NAME _____

ADDRESS _____

PHONE # _____

YOU MUST PAY THE SUM OF \$1,500.00 PER BENEFIT UNIT, WHICH DOES NOT INCLUDE THE COST OF INSTALLATION OR ADDITIONAL PIPE LINE.

Cotton County Rural Water District #2 is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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.

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) _____

Interview's Signature: _____

DATE: _____