CHEROKEE COUNTY RURAL WATER DISTRICT NO. 1 P.O. BOX 622, FORT GIBSON OK 74434 PHONE (918) 400-1043 TDD#711 FAX (918) 400-1044

APPLICATION FOR WATER SERVICE

Name:		_ Date:
Mailing Address:		
City:	State:	Zip:
Phone:		
Location of Property:		
Specify use of meter: Residence	e Pasture Business	s Commercial Marijuana Cultivation Other
If residence, specify how many i	in household:	
Number of Gallons of Water to b	e used daily	, (meter size determined by usage.)
Please indicate CDIB information CDIB Indian Card? Yes: No: If Yes		ceiving grants for system improvements.
\$100.00 (non-refundable) Hydrauli service	ic Analysis/Engine	ering Fee, to determine eligibility for water
If approved by the board and mem can be charged for another hydrau accurate analysis of the district's d	<mark>ılic analysis if boar</mark>	•

The undersigned hereby applies to Cherokee County Rural Water District #1 for membership and for water service, and hereby agrees. That upon approval hereof, I/we will comply with and be bound by all Rules and Regulations of Cherokee County Rural Water District #1 and agree to pay all fees, assessments, and other lawful amounts chargeable to the member. I agree that my new membership fees shall be paid within 60 days after Board approval. I understand per DEQ, a water meter can only be installed after a septic system is installed or sign a Construction Tap agreement (which grants up to 6-12 months of water service without a septic being installed). Per policy, if the member has paid but has not install a DEQ approved septic after 12 months then the membership will be forfeited. If a tribal organization is paying for the membership then

(Attach copy of check or money order to application for Board Approval process)

Members Signature:		
Date :		
	FOR OFFICE USE ONLY	
Line Size:	Location:	
911 Address:		
Approve:		
Not Approve:		
Date:		
BOARD SIGNATURES:		

the timeline of meter installation will be determined by tribal stipulations and a "promise to pay" letter from the tribe. Please contact our office during business hours for any questions.

[&]quot;This institution is an equal opportunity provider, and employer"

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 CO-APPLICANT			
I do not wish to furnish this information I do not wish to furnish this information			
Race/National Origin: Race/National Origin:			
(Select one or more) (Select one or more)			
American Indian or Alaska Native American Indian or Alaska Native			
Asian Asian			
Native Hawaiian or other Pacific Islander Native Hawaiian or other Pacific Islander			
Black or African American Black or African American			
Hispanic or Latino Hispanic or Latino			
White White			
Other (specify) Other (specify)			
Sex: Female Male 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:			