

# NOTICE

**PLEASE CHECK OFF AND RETURN THIS FORM WITH THE REQUIRED PAPERWORK TO:**

**RURAL WATER DISTRICT #8, 116659 S. 4241 Rd, EUFAULA, OK 74432**

This Institution is an Equal Opportunity Provider and Employer

X

**USE THIS PORTION**

## **NEW MEMBERSHIP**

- 1. Application for water service / Must include Service Address
- 2. NOTARIZED Business / LLC Responsible Party (if applicable)
- 3. Copy of Warrantee Deed or Contract for Deed
- 4. NOTARIZED Service Agreement
- 5. NOTARIZED Identity Theft Prevention form
- 6. Copy of photo identification
- 7. Civil Rights form
- 8. Septic System Installation form
- 9. Membership Fee--\$1,200.00(Ask us about our pay-out plan)

USE THIS PORTION

## TRANSFER

- 1. Application for water service
- 2. Copy of Warrantee Deed or Contract for Deed
- 3. NOTARIZED Service Agreement
- 4. NOTARIZED Identity Theft Prevention form
- 5. Copy of photo identification
- 6. Civil Rights form
- 7. Transfer Fee--\$250.00

Application for Water Service at Rural Water District #8  
This Institution is an Equal Opportunity Provider and Employer

Please Print

Circle One: Member or Renter

Date \_\_\_\_\_

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Work/Cell \_\_\_\_\_

Work/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Receive monthly stmt by e-mail? \_\_\_\_\_ yes \_\_\_\_\_ no

Contact name of someone not living with you \_\_\_\_\_

Telephone \_\_\_\_\_

I am requesting service at:

Addition \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_

I agree to remit payment for water service upon the receipt of each monthly statement. I understand I am responsible for the water payment whether I receive the monthly statement or not. I understand failure to remit payment will risk the discontinuation of water service.

I understand this water application is for one water meter which services one residence or business as described in the By-Laws of RWD#8.

I have been given a copy of the By-Laws of RWD#8.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

BU # \_\_\_\_\_

Date of Installation \_\_\_\_\_

Circle One: Transfer or New Benefit Unit

\_\_\_\_\_  
Customer Service Representative Signature

### Business / LLC Responsible Party

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature Title

STATE OF \_\_\_\_\_ ) INDIVIDUAL ACKNOWLEDGMENT  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me, the undersigned, a Notary Public in and for the said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the identical person who executed the above signature and acknowledged to me that \_\_\_\_\_(he/she) executed the same as \_\_\_\_\_(his/her) free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

SERVICE AGREEMENT

B.U.# \_\_\_\_\_

THIS AGREEMENT, BETWEEN RURAL WATER, SEWER, GAS AND SOLID WASTE MANAGEMENT DISTRICT NO. 8, MCINTOSH COUNTY, OKLAHOMA, A RURAL WATER DISTRICT, HEREINAFTER CALLED ASSOCIATION, AND

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A MEMBER OF THE ASSOCIATION HEREINAFTER CALLED THE MEMBER.

WITNESSETH

WHEREAS, THE MEMBER DESIRED TO PURCHASE WATER FROM THE ASSOCIATION, AND TO ENTER INTO A USERS AGREEMENT AS REQUIRED BY THE BYLAWS OF THE ASSOCIATION.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS, PROMISES, AND AGREEMENTS HEREIN CONTAINED, IT IS HEREBY UNDERSTOOD AND AGREED:

THE ASSOCIATION SHALL FURNISH, SUBJECT TO THE LIMITATIONS SET OUT IN RULES AND REGULATIONS AND BYLAWS AND THOSE HEREINAFTER PROVIDED FOR, SUCH QUALITY OF WATER SERVICE AS THE MEMBER MAY DESIRE IN CONNECTION WITH HIS OCCUPANCY OF THE FOLLOWING DESCRIBED PROPERTY:

THE MEMBER AGREES TO PURCHASE ONE MEMBERSHIP CERTIFICATE IN THE ASSOCIATION AT THE CURRENT MEMBERSHIP COST OF \$ \_\_\_\_\_ /OR TRANSFER MEMBERSHIP CERTIFICATE AT A COST OF \$ \_\_\_\_\_.

THE MEMBER HEREBY GRANTS THE ASSOCIATION, ITS SUCCESSORS OR ASSIGNS, A PERPETUAL EASEMENT IN, OVER, UNDER, AND UPON THE ABOVE DESCRIBED LAND WITH THE RIGHT TO ERECT, CONSTRUCT, INSTALL, AND LAY, AND THEREAFTER USE, OPERATE AND INSPECT, REPAIR, MAINTAIN, REPLACE AND REMOVE WATER PIPELINES AND APPURTENANT FACILITIES TOGETHER WITH THE RIGHT OF INGRESS AND EGRESS OVER ADJACENT LAND FOR THE PURPOSE MENTIONED ABOVE.

THE MEMBER SHALL INSTALL AND MAINTAIN, AT HIS OWN EXPENSE, A SERVICE LINE WHICH SHALL BEGIN AT THE METER AND EXTEND TO THE DWELLING OR PLACE OF USE. THE MEMBER AGREES TO PAY FOR WATER SERVICE AT SUCH RATES, TIME AND PLACE AS SHALL BE DETERMINED BY THE ASSOCIATION, AND AGREES TO PENALTIES FOR NONCOMPLIANCE WITH THE ABOVE AS SET OUT IN THE CURRENT RULES AND REGULATIONS.

THE ASSOCIATION SHALL HAVE FINAL JURISDICTION IN ANY QUESTION OF LOCATION OF ANY SERVICE LINE CONNECTION TO ITS DISTRIBUTION SYSTEM; SHALL DETERMINE THE ALLOCATION OF WATER TO MEMBERS IN THE EVENT OF A WATER SHORTAGE; MAY SHUT OFF WATER TO A MEMBER WHO ALLOWS A CONNECTION OR EXTENSION TO BE MADE TO HIS SERVICE LINE FOR THE PURPOSE OF SUPPLYING WATER SERVICE TO ANOTHER USER. IN THE EVENT THE TOTAL WATER SUPPLY SHALL BE INSUFFICIENT TO MEET ALL OF THE NEEDS OF THE MEMBERS, OR IN THE EVENT THERE IS A SHORTAGE OF WATER, THE ASSOCIATION MAY PRORATE THE WATER AVAILABLE AMONG THE VARIOUS MEMBERS ON SUCH BASIS AS IS DEEMED EQUITABLE BY THE BOARD OF DIRECTORS, AND MAY ALSO PRESCRIBE A SCHEDULE OF HOURS COVERING USE OF WATER BY PARTICULAR MEMBERS AND REQUIRE ADHERENCE THERETO OR PROHIBIT THE USE OF WATER FOR GARDEN PURPOSES; PROVIDED THAT, IF AT ANY TIME THE TOTAL WATER SUPPLY SHALL BE INSUFFICIENT TO MEET ALL OF THE NEEDS OF ALL OF THE MEMBERS, THE ASSOCIATION MUST FIRST SATISFY ALL OF THE NEEDS OF ALL MEMBERS FOR DOMESTIC PURPOSES BEFORE SUPPLYING ANY WATER FOR LIVESTOCK PURPOSES AND MUST SATISFY ALL THE NEEDS OF ALL MEMBERS FOR BOTH DOMESTIC AND LIVESTOCK PURPOSES BEFORE SUPPLYING ANY WATER FOR GARDEN PURPOSES.

THE MEMBER AGREES TO COMPLY WITH THE REQUIREMENTS OF THE OKLAHOMA STATE BOARD OF HEALTH THAT NO OTHER PRESENT OR FUTURE SOURCE OF WATER WILL BE CONNECTED TO ANY WATER LINE SERVED BY THE ASSOCIATION'S WATER LINES AND WILL DISCONNECT FROM HIS PRESENT WATER SUPPLY PRIOR TO CONNECTING TO AND SWITCHING TO THE ASSOCIATION'S SYSTEM.

THE MEMBER SHALL CONNECT HIS SERVICE LINES TO THE ASSOCIATION'S DISTRIBUTION SYSTEM AND SHALL COMMENCE TO USE WATER FROM THE SYSTEM ON THE DATE THE WATER IS MADE AVAILABLE TO THE MEMBER BY THE

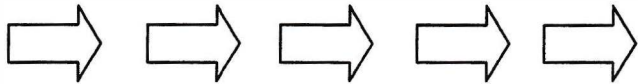
ASSOCIATION. WATER CHARGES TO THE MEMBER SHALL COMMENCE ON THE DATE THAT THE SERVICE IS MADE AVAILABLE.

THE FAILURE OF A CUSTOMER TO PAY WATER CHARGES DULY IMPOSED SHALL RESULT IN THE AUTOMATIC IMPOSITION OF THE FOLLOWING PENALTIES:

1. PAYMENT IS DUE UPON RECEIPT OR BY THE 5<sup>TH</sup> OF EACH MONTH.
2. NONPAYMENT BY THE 15<sup>TH</sup> OF EACH MONTH WILL BE SUBJECT TO A PENALTY OF 10% OF THE DELINQUENT ACCOUNT.
3. NONPAYMENT WITHIN 35 DAYS FROM THE DUE DATE WILL RESULT IN THE WATER BEING SHUT OFF FROM THE CUSTOMER'S PROPERTY.
4. IN THE EVENT IT BECOMES NECESSARY FOR THE ASSOCIATION TO SHUT OFF THE WATER FROM A CUSTOMER'S PROPERTY, A FEE OF \$37.50 WILL BE CHARGED FOR THE FIRST DISCONNECTION AND A FEE OF \$37.50 FOR THE FIRST RECONNECTION. THE SECOND TIME, DISCONNECTION FEE--\$50.00 AND RECONNECTION FEE--\$50.00. THE THIRD TIME AND ANY REMAINING TIMES, DISCONNECTION FEE--\$50.00 AND RECONNECTION FEE--\$50.00. A DEPOSIT WILL BE REQUIRED AT THIS TIME. A CHARGE OF \$5.00 WILL BE ADDED TO THE ACCOUNT EACH TIME WATER PERSONNEL CALLS CUSTOMER IN AN ATTEMPT TO MAKE PAYMENT ARRANGEMENTS ON A DELINQUENT ACCOUNT. A CHARGE OF ONE HALF THE RECONNECTION FEE WILL BE ADDED EACH TIME IT IS NECESSARY FOR WATER PERSONNEL TO MAKE A VISIT TO THE PROPERTY IN ATTEMPT TO COLLECT MONIES DUE. ALL MONIES MUST BE PAID IN THE WATER OFFICE.
5. TERMINATION OF MEMBERSHIP IN ACCORDANCE WITH THE BYLAWS.

I FURTHER ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE BEEN A GIVEN A COPY OF THE BY-LAWS OF THE WATER DISTRICT.

ON WITNESS WHEREOF, WE HAVE HEREUNTO EXECUTED THIS AGREEMENT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, IN DUPLICATE OF ORIGINAL.



MEMBER

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, PERSONALLY APPEARED \_\_\_\_\_, TO ME KNOWN TO BE THE IDENTICAL PERSONS WHO EXECUTED THE ABOVE SIGNATURE AND ACKNOWLEDGED TO ME THAT \_\_\_\_\_ (He/She) EXECUTED THE SAME AS \_\_\_\_\_ (His/Her) FREE AND VOLUNTARY ACT AND DEED FOR THE USED AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND SEAL THE DAY AND YEAR LAST ABOVE WRITTEN.

MY COMMISSION NUMBER: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY PUBLIC SIGNATURE

**OFFICE USE ONLY**

ON THIS DAY, \_\_\_\_\_ OF \_\_\_\_\_, 20\_\_\_\_\_, PERSONALLY APPEARED THE CHAIRMAN OF THE BOARD OF DIRECTORS OF RWD#8, AND EXECUTED THE SIGNATURE BELOW.

SECRETARY / NOTARY PUBLIC

MY COMMISSION NUMBER: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_ CHAIRMAN, BOARD OF DIRECTORS

# Identity Theft Prevention

Please sign this form where indicated in front of a notary public and attach a copy of your photo identification. You may choose from the following list of acceptable ID forms.

## Acceptable Photo Identification

1. State Issued Drivers License
2. Federal, State or Local Government ID Card
3. US Passport, current or expired
4. US Military Card
5. School ID Card
6. Concealed Weapon's License

\_\_\_\_\_  
Photo ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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STATE OF \_\_\_\_\_ )  
  ) SS:  
COUNTY OF \_\_\_\_\_ )

## INDIVIDUAL ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared

\_\_\_\_\_, to me known to be the identical persons who executed the above signature(s) and acknowledged to me that \_\_\_\_\_(he/she/they) executed the same as \_\_\_\_\_(his/her/their) free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Rural Water District #8, McIntosh Co, OK  
116659 S. 4241 Rd., Eufaula, OK 74432-7802  
918-689-2117  
TDD-TTY 711

This Institution is an Equal Opportunity Provider and Employer

### Civil Rights Monitoring


#### 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  
  (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

#### \*\*\*\*OFFICE USE ONLY\*\*\*\*

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: \_\_\_\_\_ BU# \_\_\_\_\_

Rural Water District #8

116659 S. 4241 Rd

Eufaula, OK 74432

918-689-2117, TDD-TTY 711

This institution is an equal opportunity provider and employer

OFFICE USE ONLY

Received \_\_\_\_\_

Bill Note \_\_\_\_\_

Activated \_\_\_\_\_

Initial \_\_\_\_\_

Automatic Bank Draft

Dear Member,

RWD#8 offers Auto Bill Pay as a service to its members. If you are interested in this service, **please complete the form below, sign it and return it to the office with a voided check from your bank account.**

Your water bill will be deducted on or about the 10<sup>th</sup> of each month. To cancel this service, you must submit the cancellation in writing 30 days prior to the scheduled withdrawal.

If you have any questions about this service, please phone the office at 918-689-2117.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER  
ACCOUNT NUMBER: \_\_\_\_\_

I (we) hereby authorize Rural Water District #8, McIntosh Co. OK., hereinafter call COMPANY, to initiate debit entries to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same such account.

BANK NAME: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER NAME (Please Print) \_\_\_\_\_

DATE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_



RURAL WATER DISTRICT #8  
116659 S. 4241 RD  
EUFAULA, OK 74432-7802  
918-689-2117  
TDD-TTY 711

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### Membership Payout Agreement

Date: \_\_\_\_\_

I hereby acknowledge this membership cost of \$1,300.00 is to be paid out in the manner following:

Down payment of \$300.00

20 monthly payments in the amount of \$50.00 each.

I also acknowledge my monthly water bill will be due in addition to my monthly membership payment.

In the event any scheduled \$50.00 membership payment or monthly water usage payment is delinquent, the membership maybe immediately revoked and all monies paid to date are forfeited and the service maybe terminated with no refund.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RWD#8 Representative

\_\_\_\_\_  
Date

Rural Water District #8, McIntosh County, OK  
116659 S. 4241 Rd.  
Eufaula, OK 74432-7802  
(918) 689-2117  
TDD-TTY 711

This Institution is an Equal Opportunity Provider and Employer

### Payment Information

The District reads each meter every month. Your meter is read the same week each month to ensure the most consistent monthly billing possible.

The statements are mailed on the last day of each month.

Payment is due on the 5<sup>th</sup> of each month.

Payment is considered late if it is post-marked after the 15<sup>th</sup> of the month.

A 10% penalty will be added each month there is a new balance on the account.

The minimum residential water charge is \$38.00 for the first two thousand (2000) gallons.

The next one thousand (1000) gallons is \$8.35.

The next one thousand (1000) gallons is \$8.40.

The next one thousand (1000) gallons is \$8.45.

From five thousand and one gallons (5001) and up, the cost is \$8.50 per thousand.

The minimum commercial water charge is \$53.00 for the first three thousand (3000) gallons.

From three thousand and one gallons (3001) and up, the cost is \$8.50 per thousand.

Payments must be made at the office, by mail, by bank draft, by credit card or online at [www.mcintoshrwd8.com](http://www.mcintoshrwd8.com). Payments are not received in the field.

Each member is required to pay a surcharge once per year. This covers the Department of Environmental Quality monitoring fee.

If payment becomes 35 days delinquent, water service will be disconnected and the following disconnection and reconnection fees apply:

1 <sup>st</sup> disconnection	\$37.50	1 <sup>st</sup> reconnection	\$37.50
2 <sup>nd</sup> disconnection	\$50.00	2 <sup>nd</sup> reconnection	\$50.00
3 <sup>rd</sup> disconnection	\$50.00	3 <sup>rd</sup> reconnection	\$50.00

(AT THIS TIME, A \$200.00 DEPOSIT WILL ALSO BE REQUIRED)

After hours, weekends or holiday reconnection \$250.00

To reinstate service, all charges must be paid in full and payment must be made in cash, money order or credit card. Checks are not accepted.