

**Delaware County Rural Water, Sewer,
Gas and Solid Waste Management District No. 7
Water User Agreement**

Date: _____

I, _____, hereby make application to Delaware County Rural Water District #7 (hereinafter called the District) for membership in the District and for water service at the following site:

Addition _____ Unit _____ Block _____ Lot _____

ADDRESS OF PROPERTY: _____

Full-time resident _____ Part-time _____ Vacant lot _____ (Check only One)

In Consideration of the District for providing water service, I agree:

- (1) To install and maintain at my expense the necessary service line, from the meter and extend to the dwelling or place of use, to cause the property described above, which is owned or occupied by me, to be connected with the water system at the property line.
- (2) To pay the water bill each month after the water meter has been installed. Failure to pay the minimum monthly bill will result in a 'disconnect' at the end of two months or any month thereafter in which the minimum bill is not paid. In case a 'disconnect' is declared by the District, all deposits and payments made will be forfeited. Reconnection fees shall apply according to the District Policies.
- (3) To use the water in accordance with the rules and regulations to be established by the District and to promptly pay for the water at the applicable schedule of rates. (The current rates are: \$30.00 per month for zero gallons plus \$9.00 for each 1,000 gallons used.)
- (4) The undersigned, registered owner of the real estate, agrees that they will grant the District an easement for the water lines over, under, or across any real property bounding the planned service lines of the District.
- (5) To the payment plan: A non-refundable connection fee of \$1450.00 and a meter deposit of \$50.00 for a total of \$1500.00 due and payable at the time of submittal of this agreement. Plus an additional fee if connection of the meter to the water supply line requires crossing the road or alley or any excessive installation costs. This additional cost to be determined by the Board of Directors.
- (6) Copy of Deed showing ownership.

Membership will be subject to Board of Directors review as a feasibility and cost. Make checks payable to DCRWD #7, Mail to: Melanie Sixkiller, Mgr, 7846 E 431 Rd, Eucha, OK 74342.

*****Option:** Install an adjustable pressure regulator for an additional cost. Yes _____ No _____.

Signature: _____

Meter Deposit: _____

Address: _____

Connection Fee: _____

City, State, Zip _____

Date Received: _____

Telephone _____

Rec'd By: _____

Paid by: Cash _____ Check _____

Revised 6/12/23

**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: _____