Cherokee Co RWSG & SWM District #16

Attn: Charlene Ferris, PO Box 190, Cookson, OK 74427

Phone: 918-457-0075 - Email: charlene.okrwd16@gmail.com

Approval Date _____

Application for Transfer- \$30.00

New Owner:		Acct Number:		
Mailing Address:				
City:		State:	Zip:	
E-mail Address:				
Home Phone:		Work Phone:		
Legal Description:	(Attach a currer	nt copy of the deed showin	g ownership and legal description)	
16, Cherokee County, Oklaho transfer. Application is made Board of Directors to be consisted water service and the ben No benefit unit will be transubmitted on the original apportanged to that benefit unit, and I, We, the undersigned applic Regulations; Bylaws and Polic No. 16, Cherokee County, Ok	oma, all benefing out idered for applied to the identity of th	fit unit holders are to react this form. Your application has been application has been been been been been been been bee	and Solid Waste Management District Nomake request to the Board of Directors for ication for transfer will be presented to the viner shall be responsible to the District for been approved by the Board of Directors alence of the legal description that was effit unit will be transferred until all debter current. I, and do hereby understand the Rules and as and Solid Waste Management District ee, to adhere to any and all future policies alid Waste Management District No. 16	
Terms of transfer acce	pted by:			
Date:	_, 20			
		(Signature	e of new owner(s))	
	f the closing date	or the date approved by the B	oard of Directors, whichever comes first) ***********************************	
Chairman Board of Direct		Secretary/7	Treasurer Board of Directors	