

RWD #16

RURAL WATER DISTRICT
CHEROKEE COUNTY

Cherokee Co RWSG & SWM District No #16
PO Box 190, Cookson, OK 74427
Attn: Charlene Ferris
Phone: 918-457-0075
charlene.okrwd16@gmail.com

APPLICATION TO DETERMINE ELIGIBILITY FOR WATER SERVICE

\$100.00 non-refundable Hydraulic Analysis Fee due with Application to Determine Eligibility for Water Service.

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Location of Property: _____

Specify use of meter: Residence _____ Pasture _____ Business _____ Commercial _____

Large Meter (Consumption) Users _____ Other _____

If residence, specify how many in household: Adults (18 & up): _____ Children: _____

Estimated number of gallons of water to be used daily: _____ (meter sized determined by usage)

Please indicate CDIB information. It will help in receiving grants for system improvements.

CDIB Indian Card? Yes: _____ No: _____ If Yes, CDIB # _____

The undersigned hereby applies to Cherokee Co RWSG & SWM District No #16 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 Co RWSG & SWM District No #16 and agree to pay all fees, assessments, and other lawful amounts chargeable to the member.

Members Signature

Date

-----**FOR OFFICE USE ONLY**-----

Hydraulic Analysis Fee Received: _____ (check or money order#)
****Attach copy of check or money order to application for Board Approval process.**

Line size: _____ Location: _____

911 Address: _____

Approve _____ Not Approve _____ Date _____

BOARD SIGNATURES:

Board President

Board Vice President

Board Secretary

Board Member

Board Member