

OSAGE COUNTY R.W.D. #15
P O BOX 1029
SKIATOOK, OK 74070-5029
918-396-2552

Date Approved: _____

Application for Transfer- \$100.00

New Owner: _____ Acct Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Legal Description: _____

(attach a current copy of the deed showing ownership and legal description)

In accordance with the Bylaws of the Osage County R.W.D. #15 of Skiatook, OK, all benefit unit holders are to make request to the Board of Directors for transfer. Application is made by filling out this form. Your application for transfer will be presented to the Board of Directors to be considered for approval. The present owner shall be responsible to the District for the water service and the benefit unit, until the application has been approved by the Board of Directors. No benefit unit will be transferred without the similar equivalence of the legal description that was submitted on the original application for water service. No benefit unit will be transferred until all debts charged to that benefit unit, and owed to the District, are brought current.

I, We, the undersigned applicant acknowledge that we have read, and do hereby understand the Rules and Regulations; Bylaws and Policies of the Osage County R.W.D. #15. Furthermore, we also agree, to adhere to any and all future policies that may be adopted by the Osage County R.W.D. #15 or its membership.

Terms of transfer accepted by: _____

Date: _____, 20____

(Signature of new owner(s))

Present Owner: _____

(TRANSFER REQUESTED BY)

Signature(s): _____ Date: _____

State of Oklahoma

County of _____

Signed or attested before me on _____ by _____

(Notary Seal)

(Signature of notarial officer)

My commission expires: _____

My commission number: _____

Chairman, Board of Directors

Secretary/Treasurer, Board of Directors

Estimated Water Usage

Name: _____ Account #: _____

Home Square Footage: _____ # of Bedrooms: _____ # of Baths: _____

Number of persons in house: _____ Estimated water usage per month: _____

Sprinkler System yes / no

Swimming pool yes / no

Barn yes / no

Livestock yes / no

Marijuana Grow Facility yes / no

Commercial Business on location yes / no

Does any family member have a valid CDIB card: **Yes** or **No**

If yes, what tribe: _____