

OSAGE COUNTY RURAL WATER MANAGEMENT DISTRICT 15  
14415 N. 52ND W. AVENUE, SKIATOOK, OKLAHOMA 74070  
(918) 396-2552 – [info@rwd15.com](mailto:info@rwd15.com) – [www.rwd15.com](http://www.rwd15.com)

***APPLICATION FOR TRANSFER***

**Application Fee -- \$200.00 Account # \_\_\_\_\_**

Proposed Transferee(s) (New Tract Owner(s)): \_\_\_\_\_

Transferee Billing Address: \_\_\_\_\_

Transferee E-mail Address: \_\_\_\_\_

Transferee Telephone Number: \_\_\_\_\_

Legal Description of Tract served: \_\_\_\_\_  
(Attach a copy of the deed showing Transferee's ownership and legal description)

Further information regarding the subject Tract and the proposed Transferee's anticipated water use is set forth in the Tract / Information form appended hereto and incorporated by this reference.

NOTE: The District's *Bylaws* provide that no transfer of ownership of Benefit Units shall be permitted without the approval of the District's Board of Directors and that no transfers will be approved unless all charges against the Benefit Unit are paid and that no transfer will be made to any person not eligible to become a Participating Member. Application for transfer is made by this form. The current Benefit Unit owner shall be responsible to the District for Water Service, the Benefit Unit and all charges attributable thereto until such time as this Application may be approved by the Board of Directors.

The proposed Transferee has examined the District's *Bylaws* and *Rules* and agrees to abide by the *Bylaws* and *Rules* existing as the submission hereof as well as all future amendments as may from time to time be adopted. The proposed Transferee further agrees to be bound and abide by the terms of the District's *Water User's Agreement* in force as of the submission of this Application.

The undersigned have read and understand this Application and acknowledge that this Application will be processed by the District's staff and approved or rejected by the District's Board of Directors and that this Application shall be conditioned upon and subject to approval by the District's Board of Directors.

The proposed Transferee certifies that all information submitted herein is true and correct and agrees to be bound by the terms and provisions hereof.

Benefit Unit Owner(s) Requesting Transfer:

\_\_\_\_\_

\_\_\_\_\_  
*(Proposed Transferor signature(s)  
and printed name(s) of person(s) signing)*

\_\_\_\_\_  
*(Date signed)*

Proposed Transferee:

\_\_\_\_\_

\_\_\_\_\_  
*(Proposed Transferee signature(s)  
and printed name(s) of person(s) signing)*

\_\_\_\_\_  
*(Date signed)*

State of Oklahoma, County of \_\_\_\_\_

Acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
(Signature of notarial officer)

My Commission Expires; \_\_\_\_\_

My Commission No: \_\_\_\_\_

FOR DISTRICT USE ONLY

Application approval / rejection recommended by the District's staff: (date) \_\_\_\_\_

Application approved / rejected by the District's Board of Directors: (date): \_\_\_\_\_

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Secretary, Board of Directors

Benefit Unit #: \_\_\_\_\_

## TRACT / USE INFORMATION

Applicant's Name: \_\_\_\_\_

Approximate size of Tract to be served (by tract dimensions, square footage or acres):  
\_\_\_\_\_

Tract Use (check all which apply):  
Residential                      Agricultural                      Commercial

If Commercial: describe the present and any anticipated future use: \_\_\_\_\_  
\_\_\_\_\_

If Agricultural: describe the present and any anticipated future use:  
\_\_\_\_\_

Livestock (if yes, describe, including any herd size): \_\_\_\_\_

If Residential: square footage of residence: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Number of occupants: \_\_\_\_\_ Lawn irrigation System: y / n Swimming pool: y / n

Number and size of all outbuildings to be Served: \_\_\_\_\_

Number of outdoor hydrants not attached to residence: \_\_\_\_\_

Is or will any of the Tract be irrigated: y / n If so, describe: \_\_\_\_\_  
\_\_\_\_\_

Is or will the Tract be used as a marijuana grow facility: y / n

Total estimated monthly water use (thousands of gallons): \_\_\_\_\_

Does any person to occupy the Tract have a CDIB card: y / n If yes, describe Relationship  
to Applicant \_\_\_\_\_.

If yes, what Tribe: \_\_\_\_\_.

[This sheet to be completed and attached to all Applications for Water Service and Applications  
for Transfer]