

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

Date Approved: \_\_\_\_\_

## Application for Transfer- \$75.00

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: \_\_\_\_\_

Sprinkler System            yes / no

Swimming pool            yes / no

Barn                        yes / no

Livestock                yes / no

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

If yes, what tribe: \_\_\_\_\_