

**Bryan County Rural Water, Sewer and Solid Waste Management
District No. 2**

Hours 8:00 a.m. – 5 p.m. Monday –Friday

9077 U.S. Hwy 70 W
P.O. Box 119
Mead, OK 73449

Telephone (580) 924-8517
Fax (580) 931-3911

Transfer of Membership

Account # _____ Membership # _____ Meter # _____ Meter Reading _____
Effective Date _____

The undersigned hereby request transfer of membership for water service with Bryan Co Rural Water District #2

NOTE: *New owner must return with this application signed service agreement, signed payment policy, \$50.00 transfer fee, utility easement and a copy of stamped warranty deed. Transfer will not proceed until all documents and fees are completed.*

New Owner/New Member

Name _____
(Print clearly)

Mailing Address _____

City, State, Zip _____ Telephone # _____ Home _____ Work _____

Specify use of meter: Residence _____ Other _____

If Residence, specify how many in household: Adults (18 & Up) _____ Children _____

Please indicate CDIB information. It will help in receiving Grants for System Improvement.

Do you have a CDIB Indian Card? Yes _____ No _____ If Yes, CDIB # _____

Specify Race: (Voluntary information. For monitoring purposes only)

White _____ African American _____ Hispanic _____ Indian _____ Asian/Islander _____ Other _____

The undersigned hereby applies to Bryan Co Rural Water District # 2 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 Bryan Co Rural Water District # 2 And agree to pay all fees, assessments, or other lawful amounts chargeable to the member.

If you have any questions please contact our office.

Members Signature

Date

FOR OFFICE USE ONLY:

Transfer Fee _____ CK# _____ Warranty Deed _____ Payment Policy _____
CDIB _____ Service Agreement _____ Utility Easement _____ Approval Date _____ By _____

Bryan County Rural Water, Sewer and Solid Waste Management District # 2 is an Equal Opportunity provider and Employer. In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the base of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

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Payment Policy

Payment is due on or before the 10th of each month. Payments received or postmarked the 11th or later will be subject to a 10% penalty. Water bills are hand delivered to the Mead Post Office monthly. Customers that have not received a bill will not be excused from disconnect. If you have not received a bill by the 5th of the month, you should contact our office.

You can make payments at First United Bank or at our office. We offer easy pay Bank Draft service and accept Visa/Master Card, Discover and Cash. If paying in cash we ask that you have the correct amount or you will receive credit. No change will be given.

NO LATE/CUT- OFF NOTICES WILL BE SENT! *Full Balance of account must be paid by the 20th of each month in order to avoid Disconnect and a \$50.00 Service Charge. Payment for account subject to disconnect must be made in office. Payments made at bank for accounts subject to disconnect will not guarantee that meter service will not be interrupted.*

*If water is disconnected payment must be received in office before 3:00 P.M. in order to receive same day reconnection. No meter will be unlocked before 1:00 P.M. **Meter that has been locked due to non-payment will NOT be unlocked after 5:00 P.M. or on weekends.***

A meter that has been locked for non-payment, or any reason, and is out of service for 6 months or longer Can only be reinstated with a new membership fee, Service charge and Board approval.

There is a monthly minimum if meter is not being used.

There is a \$50.00 service charge on all return checks. Insufficient checks must be taken care of within 24 hours or water service will be disconnected with an additional \$50.00 service charge.

In the event you sell your property, you must notify the office and sign the necessary forms to transfer the meter to the new owner. All current charges must be paid before we can process a Transfer of membership to new owner.

If you rent your property, you are the Owner/Member and are responsible for payment of the water bill.

We DO NOT take a water deposit that is the Owner's responsible.

The account will remain in your Name and can be sent to the Renter, Proper forms must be filled out.

Watch your monthly water bill for important information about your water service.

I have read and understand the payment policy as set out above.

Members Signature

Date

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RE: Membership/Transfer Application

Attached are the necessary forms needed to process your transfer application for water service With Bryan Co Rural Water District # 2. Please complete, sign, date, and return to our Office along with all required documents, and check or money order in the amount of \$50.00 for the transfer fee. Rates are as follows:

(All Fees and Rates are subject to change at anytime).

5/8" Meter

*Min. Bill– \$18.00 for 1,000 gal
Commercial Min— \$ 25.25 for 1,000
Next 1,000 gal. for \$ 3.00
Next 1,000 gal. for \$3.50
Next 1,000 gal. for \$4.00
All over 4,000 gal. for \$4.50/1,000*

1" Meter

*Min. Bill– \$25.25 for 1,000 gal
Commercial Min— \$ 37.25 for 1,000
Next 1,000 gal. for \$ 3.00
Next 1,000 gal. for \$3.50
Next 1,000 gal. for \$ 4.00
All over 4,000 gal. for \$4.50/1,000*

2" Meter

*Min. Bill– \$29.00 for 1,000 gal
Commercial Min— \$ 50.25 for 1,000
Next 1,000 gal. for \$ 3.00
Next 1,000 gal. for \$3.50
Next 1,000 gal. for \$4.00
All over 4,000 gal. for \$4.50/1,000*

All bills due by the 10th of each month bills paid after the 10th will have a 10% late fee added. All bill not paid in full by the 20th will be Disconnected with a Service charge of \$50.00.

Membership Requirements

Remittance for Transfer Fee

Payment Policy signed

Utility Easement (Water District has Easement on file)

Copy of Recorded Warranty Deed (or legal proof of ownership/title to land)

All bills on the account must be current. If bill is not paid new Owner will be responsible.

These are the requirements that must be met before transfer can be completed.

If you have any questions, please contact our office at the number listed above.

Members Signature

Date

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TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY THE GOVERNMENT FOR MONITORING PURPOSES.

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested is requested by the Federal Government for loan and grant Programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964.

You are not required to finish this information, but are encouraged to do so.

The law provides that an entity or lender may not discriminate on the base of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on basis of visual observation of surname. If you do not wish to furnish the information, please check below:

APPLICANT

___ I do not wish to furnish this information

**Race/National Origin:
(Select one of more)**

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian or other Pacific Islander
- ___ Black or African American
- ___ Hispanic or Latino
- ___ White
- ___ Other (Specify _____)

Sex ___ Female ___ Male ___

CO-APPLICANT

___ I do not wish to furnish this information

**Race/National Origin:
(Select one of more)**

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian or other Pacific Islander
- ___ Black or African American
- ___ Hispanic or Latino
- ___ White
- ___ Other (Specify _____)

Sex ___ Female ___ Male ___

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: ___ face to face interview ___ by telephone ___ by mail ___

Applicant's Name (Please Print) _____ Account# _____

Co-Applicant's Name (Please Print) _____

Interviewers Signature: _____ Date: _____

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