

# Cleveland County Rural Water District #1

P.O. Box 238

Lexington, OK 73051-0238

Richard Murnan, Chairman - (405) 706-0539 Cell/Text

Jeannie Salmon, Treasurer - (405) 205-4724 Cell/Text

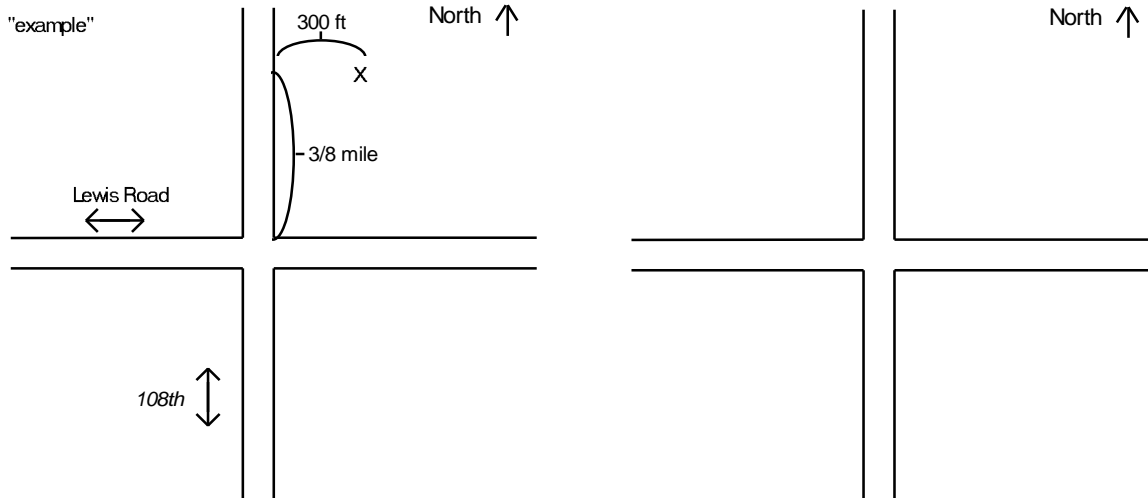
## New Meter/New Member

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Location, use the map on the right to show where you live (an example is shown on the left). Write the names of the roads nearest where your home, future home, or unimproved property is located. Make an X to show where you live (plan to live). Provide approximate distances from the intersection and approximate distance your home (or future home) is from the county road.



Telephone Number:

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

Specific use of meter (check those that apply) :

- Primary Single Family Residence Use (normal selection by most home owners)\*
- Second Meter for use at Residence or for Non-irrigation Farm Use (limit 2 meters per household)
- Primary Commercial Use
- Second Meter for Commercial Use (limit 2 meters per household)
- Housing Development (current or future – special rules apply for developments)

\*If Primary Residence Use, specify how many in household: Adults (18&up) \_\_\_\_\_ Children \_\_\_\_\_

If you have any member of your family with a CDIB Indian Card, please record the CDIB# here \_\_\_\_\_

The undersigned hereby applies to Cleveland County Rural Water District #1 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 Cleveland County Rural Water District #1 and agree to pay all fees, assessments, or other lawful amounts chargeable to the member.

If you have any questions, please call either the Chairman or Vice Chairman listed at the top of this page.

### New Member Signature

X \_\_\_\_\_ Date \_\_\_\_\_

New Account Number (assigned by Water District): \_\_\_\_\_

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information 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 furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis 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 the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

\_\_\_ I do not wish to furnish this information.

CO-APPLICANT

\_\_\_ I do not wish to furnish this information

Race/National Origin:  
(Select one or 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

Race/National Origin:  
(Select one or 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: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_