RURAL WATER DISTRICT NO. 8 MCCLAIN COUNTY, OKLAHOMA

P.O. BOX 129, Wayne OK 73095

PHONE (405) 449-7700 FAX (405)449-3128

APPLICATION FOR WATER SERVICE

Name:	Date:		
Mailing Address:			
City:	State: Zip	o: Phone	e #:
Location of Property:			
Specify use of meter: Resid	lence Pasture_	Business	Commercial
Marijuana Cultivation	Other		
If residence, specify how m	any in household: Adults	(18 & Up):	Children:
Number of Gallons of Wate	er to be used daily	, meter sized deter	mined by usage.
Please indicate CDIB info	rmation. It will help in re	eceiving grants for sy	ystem improvements.
CDIB Indian Card? Yes: _	No: If Yes,	CDIB #	
\$250.00 (non-refundable	e) Hydraulic Analysis I	Fee, to determine e	ligibility for water service.
	(check o	r money order#)	
(Attac	ch copy of check or money order to	application for Board App	roval process)
approval hereof, I/we will comply with	th and be bounds by all Rules and R	Regulations of McClain Cour	r service, and hereby agrees, That upon nty Rural Water District #8 and agree to pe fice during business hours for any
Members Signature		Date	
Line size:			
911 Address:			
Approve	<i>Not Approve</i>		Date
BOARD SIGNATURES:			