

**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: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Specify use of meter: Residence \_\_\_\_\_ Pasture \_\_\_\_\_ Business \_\_\_\_\_ Commercial \_\_\_\_\_

Marijuana Cultivation \_\_\_\_\_ Other \_\_\_\_\_

If residence, specify how many in household: Adults (18 & Up): \_\_\_\_\_ Children: \_\_\_\_\_ Number of Gallons of Water to be used daily \_\_\_\_\_, meter sized determined by usage.

**Please indicate CDIB information. It will help in receiving grants for system improvements.**

CDIB Indian Card? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, CDIB # \_\_\_\_\_

**\$100.00 (non-refundable) Hydraulic Analysis Fee, to determine eligibility for water service.**

\_\_\_\_\_ (check or money order#)

(Attach copy of check or money order to application for Board Approval process)

The undersigned hereby applies to McClain County Water District # 8 for membership and for water service, and hereby agrees, That upon approval hereof, I/we will comply with and be bounds by all Rules and Regulations of McClain County Rural Water District # 8 and agree to pay all fees, assessments, and other lawful amounts chargeable to the member. **Please contact our office during business hours for any questions.**

\_\_\_\_\_  
**Members Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

Line size: \_\_\_\_\_ Location: \_\_\_\_\_

911 Address: \_\_\_\_\_

Approve \_\_\_\_\_ Not Approve \_\_\_\_\_ Date \_\_\_\_\_

**BOARD SIGNATURES:**

\_\_\_\_\_  
\_\_\_\_\_