

RURAL WATER DISTRICT NO. 5, ROGERS COUNTY, OKLAHOMA

WATER USER AGREEMENT

The undersigned, being the tenant, occupant, or otherwise the user of the water service established for Benefit Unit No. ????? Rural Water District No. 5, Rogers County, Oklahoma and further identified as the following address:

** _____.

Does hereby acknowledge and agree to the following provisions, all as set forth in the Bylaws and the Rules and Regulations for Rural Water District No. 5, Rogers County, Oklahoma:

Water user will pay a minimum monthly meter charge and in addition will pay for all water used from said Benefit Unit at the rate set out in the rate schedule adopted by the Board of Directors. Any change made in the minimum monthly meter charge or the rate schedule by the Board of Directors shall become a part of this Agreement as though fully set out herein. Service bills will be rendered on or before the 5th day of the month following the month in which the water is used and the undersigned agrees to pay said bill on or before the 16th of the month in which the bill is rendered. Failure of the District to submit a service bill shall not excuse the undersigned from his obligation to pay for water used when the bill is submitted. Failure to pay a bill by the first day of the month following the month in which the bill is rendered shall result in discontinuation of the service.

Water service supplied by the District shall be for the sole use of the undersigned, who agrees that he will not extend pipes or other conveyances for the purposes of transferring water from one property to another, nor will he share, resell, or sub-meter water to any other consumer. Each meter service shall supply water to only one residence or business establishment on land located within the District. The undersigned acknowledges and agrees to the responsibility to pay for all service bills accrued at this Benefit Unit until such agreement is terminated by signing said Agreement and paying a final service bill at a reading provided by the District.

Water User Name ** _____ Start Date ** _____

Print Name:** _____ Telephone Number** _____

Email address** _____

Water User Name _____ Termination Date _____

"This institution is an equal opportunity provider and employer."