

**Bryan County Rural Water Dist. #5**  
**22404 State Road 78S**  
**Durant, OK 74701**  
**580-924-8235**

**APPLICATION FOR WATER SERVICE**

**Please Print Clearly**

**Customer's Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Email Billing Yes/No**

**Automatic Draft Yes/No**

**Email address (please print clearly)** \_\_\_\_\_

**Do you own this property? yes** \_\_\_\_\_ **no** \_\_\_\_\_

**Commercial or Residential**

**Owner's name** \_\_\_\_\_ **phone#** \_\_\_\_\_

*\*By-Laws indicate 1(one) meter per resident.*

*\*\*RV Parks MUST be pre approved by the Board of Directors.*

*\*\*\* Due to impact on the water system RWD#5 is putting a freeze on the installation of meters taps for Cannabis Agriculture.*

*\*\*\*\* Is this meter intended for the use of cannabis agriculture?*

**YES / NO**

**\*\*\*\*\*Any false information on the application will result in forfeit of meter tap.**

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

"RWD5 is an equal opportunity provider and employer"

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights

1400 Independence Ave., S.W., Washington D.C., 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD)

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

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

CO-APPLICANT

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

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

Race/National Origin:  
(select one or more)

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(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) \_\_\_\_\_

\_\_\_\_\_ 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

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

TO BE COMPLETED BY  
INTERVIEWER:

This application was taken: \_\_\_\_\_ 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: \_\_\_\_\_