



Muskogee County Rural Water District # 3

Tap # _____

*PO Box 173/105 S Broadway
Council Hill, OK 74428*

Phone 918-474-3773 - Email murwd3@yahoo.com

APPLICATION FOR RENTAL OF FLOW METER

BUSINESS ENTITY _____

Specify Use of Meter: ☒ Flow Meter (Deposit: \$1500.00)

The undersigned hereby makes application to Muskogee County Rural Water District #3 for water service at and upon the premises described herein below and agrees to the following conditions:

1. The rental of one (1) Flow Meter for water service at the deposit rate of \$1500.00. This Flow Meter entitles the renter thereof to not exceed one water line from the District's water system and such line shall serve only one business construction site.
2. Applicant agrees to assume and be bound by all the obligations imposed upon the holder of such Flow Meter by the By Laws, Rules and Regulations and Policies of Muskogee County Rural Water District #3.
3. Receipt of \$1500 will be constitute a subscription for water service not exceeding 6 months. This consideration paid for this Flow Meter is a 6 month Membership Fee and is nonrefundable.
4. Payment of the month's water bill is to be made no later than the 20th day of the month. Bills not paid by the 20th of the month shall be subject to a late charge of 10% plus a flat fee of \$50.00. The water service is subject to be disconnected 45 days after the billing date, resulting in a \$1500 reset fee if not paid.

THIS FLOW METER MEMBERSHIP SHALL ENTITLE THE RENTER THEREOF TO ONE SERVICE CONNECTION TO USE FOR THE FOLLOWING PROPERTY LOCATED IN: _____ COUNTY, LOCATION KNOWN AS:

REPRESENTATIVES OF THE DISTRICT OR THE STATE AND LOCAL HEALTH DEPARTMENT SHALL HAVE THE RIGHT AT ALL RESONABLE HOURS TO ENTER UPON CONSUMER'S PREMISES FOR THE PURPOSE OF INSPECTION AND ENFORCEMENT OF THESE PROVISIONS.

I, the undersigned, do state that I have read all the statements made in the Water application and do hereby understand and agree to abide by the policies and procedures for Muskogee County Rural Water District #3.

Mailing address: _____

Phone: _____

Email: _____

Print Name _____

Signature _____

Office Use Only

☐Application ☐Deposit

S# _____

Reading_____

Date Installed_____

Board Member Signature_____ Date_____