

Application to Determine Eligibility for Water Service

Date: _____

Applicant Information

Full Name: _____ Spouse Name: _____
Last First M.I.

Location of Property: _____
Street Address 1/4 Section/Township/Range
City State ZIP Code

Phone: _____ Email: _____

SPECIFY USE OF METER: Residence ☐ Development ☐ Business/Commercial ☐

If **residence**, specify how many in household: Adults (18 & up): _____ Children: _____

If **development**, specify how many lots: _____ Phases: _____

If **business/commercial** specify estimated number of gallons of water to be used daily: _____ (meter size determined by usage)

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

CDIB Indian Card? YES ☐ NO ☐ If Yes, CDIB #: _____

Member Signature & Statement

The undersigned hereby applies to _____ Latimer Rural Water District #2 _____ (insert name of water supplier) for membership and for water service, and hereby agrees, that upon approval hereof, I/we will comply with and be bound by all Rules and Regulations of _____ (insert name of water supplier) and agree to pay all fees, assessments, and other lawful amounts chargeable to the member.

Member's Signature _____ Date _____

For OFFICE Use Only

Line Size/Description: _____

Location: _____

Approved ☐ Not Approved ☐ Date _____

Notes: _____

BOARD SIGNATURES:

Signature/Title _____ Signature/Title _____ Signature/Title _____