

**Craig County Rural Water, Sewer, Gas and Solid Waste Management
District No. 3, Craig County, Oklahoma**
Mailing: PO Box 267, Physical: 305 S Commercial St. Welch, OK 74369
Phone/Fax 918-788-3108
Website: www.craigrwd3.myruralwater.com
Email: craigcorwd3@yahoo.com

ASSIGNMENT AND TRANSFER OF BENEFIT UNIT

(Benefit Unit Certificate No. is the Account No. listed on monthly statement)

I/We, being the Owner(s) of Benefit Unit Certificate No. _____ issued by Rural Water, Sewer, Gas and Solid Waste Management District No. 3 of Craig County, Oklahoma, for valuable consideration do(es) hereby transfer and assign all of the rights, benefits and obligations of said Benefit Unit to _____ subject to the approval of the Board of Directors of said Rural Water District.

Seller signature does not need notarized

Seller Printed Name _____

Seller Signature _____

Seller Telephone # _____

Date _____

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New Owner must complete and notarize the following information:

CUSTOMER WATER USAGE DISCLOSURE STATEMENT

All questions should be answered. If they do not apply to the customer's situation write N/A. Circle or legibly write answers as prompted.

This application is for the usage of water for the purpose of? *Residential* *Agricultural* *Commercial*

If Agriculture or Commercial circled, water estimated in gallons to be used monthly? _____

Expansion/growth in the future what is water estimated to increase by in gallons monthly? _____

Will this meter, if approved, be used as? *Primary source* *Secondary source*

I/We accept the rights, duties and obligations of the Benefit Unit No. _____
subject to the approval of the Board of Directors of said Rural Water District, and hereby agree(s) to
abide by the Customer Water Usage Disclosure statement, By-Laws, Rules and Regulations and
Policies and Procedures (bound copy from office or read/print from www.craigrwd3.myruralwater.com) of said
Rural Water District and pay a **\$50.00 Transfer Fee**.

Service location or address _____

Billing Address _____

Email Address _____

Telephone _____

"Member"

(signature)

(print name)

(date)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

Commission number: _____

| |
|--|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| Chairman _____ |
| Secretary _____ |