**Water Distributors Company, Inc**

*Address: P.O. Box 99 Wister, OK 74966*

*PHONE (918)677-2360 FAX (918)677-2360*

***APPLICATION FOR WATER SERVICE***

*Name: Date:*

*Mailing Address:*

*City: State: Zip: Phone:*

*Location of Property:*

*Specify use of meter: Residence Pasture Business Commercial*

*Agriculture Other*

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

*Number of Gallons of Water to be used daily , meter size determined by usage.*

***(Attach copy of check or money order to application for Board Approval process)***

*The undersigned hereby applies to Water Distributors Company, Inc 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 Water Distributors Company, Inc and agree to pay all fee, assessments, and other lawful amounts chargeable to the member.* ***Please contact our office during business hours for any questions.***

*Members Signature Date*

***-----------------------------------------------FOR OFFICE USE ONLY-----------------------------------------------***

*Line Size: Location:*

*911 Address:*

*Approve Not Approve Date*

*BOARD SIGNATURES:*