

OKATOMA WATER ASSOCIATION, INC.
1970 SCR 45 Mount Olive, MS 39119
601-733-2363 Office 601-733-2101 Fax
okatomawater@bellsouth.net

Applicant's Name	Place of Employment
Mailing Address	Applicant SS Number
City, State Zip	Telephone Number
Physical Address (if different from mailing)	Date
County	Beat

“The information regarding race, national origin, and sex designation solicited on this application is required in order to assure that federal government, acting through the Farmers Home Administration; that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/ national origin and sex of individual applicants on the basis of visual observation or surname.”

Race/ National Origin of Applicant/ Co- Applicant:

White ___ **Black** ___ **Asian** ___ **American Indian/ Alaskan** ___ **Hispanic** ___ **Male** ___ **Female** ___

(1) You may pay your bill at this office, use drop box or mail to P.O. Box 567 Mize, MS 39116. (2) You will receive your bill around the 1st of each month following connection. Minimum monthly bills are due even if there is no water consumption. (3) Your bill is due by the 15th of each month. If bill is not paid by the 15th of the following month, service will be discontinued. At this time the bill must be paid in full plus a \$60.00 re-connection fee before water service is restored. (4) The Association shall purchase and install a water meter and cut-off valve in each service. Such cut-off valve and meter shall be installed at a point on the system designated by the association. The Association shall have exclusive rights to use the cut-off valve and water meter. If the customer wants a cut-off valve, it will be their responsibility to install one on their side of meter. (5) The Association may shut off the water to a member who allows a connection or extension to be made to their service line for the purpose of supplying another user. (6) If ownership changes you must notify this office. (7) If you have a problem the board meets the first Tuesday night of each month at 7:00 PM, at this office. (8) The annual meeting is held on the 1st Tuesday night in August each year. Notification will be mailed two weeks prior to the meeting. You are urged to attend. (9) Office Hours are from 8:00 AM -4:30 PM Monday-Friday, for paying bills or applying for service. To report a problem on the water system call 601-733-2363 Day or Night. If you call after office hours there will be an answering service telling you how to receive help. Okatoma will warranty work on the customer side of the meter for 90 days. (10) If you get off the system only the Meter Deposit is refundable after the bill is paid in full.

Deposit _____ **Membership** _____ **Service Call** _____
Tap Fee _____ **Bore** _____ **Other** _____ **Total Paid \$** _____

By **My Signature** _____, gives Okatoma Water Association, Inc., permission to install and maintain water service and agrees to be bound by the terms and provisions of the foregoing water user's agreement and By-Laws of the association. I agree to grant the company its successors and assigns, a perpetual easement in, over, and around my property with the right to erect, construct, install, and lay and thereafter use, operate, inspect, repair, maintain, replace, and remove water lines and appurtenant facilities together with the right to utilize adjoining lands belonging to me for the purpose to ingress to and egress from the company's easement. I further understand that I am required by law to notify the company of my intention to connect alternate water supply and that the company is required by law to inspect the supply to ensure that I have included the required backflow device to prevent possible contamination to the company's distribution system. I have followed the guidelines set forth by the State Department of Health regarding wastewater disposal. _____ **(Initial)**

Office Use: Acct. # _____ **SR#** _____ **Unit #** _____
Reading _____ **Lat** _____ **Long** _____