
5607 Highway 28 West • P.O. Box 565 ADAIR, OKLAHOMA 74330
PHONE 918-785-2330 • FAX 918-785-5520

I _____ the Benefit Subscriber of account number _____, of Rural Water District No. 5, Mayes County, Oklahoma, request that a copy of the bill for said account number be sent to the following tenant at the address listed.

Tenant Name

Address

City, State, Zip

Phone Number

I also as the holder of the benefit unit, acknowledge that as required in the By laws Rules and Regulations of the District, page 4 Section 6 and page 15 paragraph 6, shall be responsible for payment for service should the tenant fail to pay. The District will not send a copy of the bill to the tenant unless this acknowledgement is signed by the subscriber and filed at the District office. Failure to receive a bill does not excuse me from obligation to pay for the water used when the bill is submitted. Failure to pay a bill within 60 days from when the bill was rendered shall result in the disconnection of the meter.

Date

Signature of Benefit Unit Holder

Date of Receipt District Office

Signature of Office Manager or District Staff