

**Sequoyah County Rural Water District #4**



PO Box 128 / 461426 East 1105 Road  
Sallisaw, OK 74955

Office: (918) 774-9869 Fax: (918) 774-9334

[www.sequoyahrwd4.com](http://www.sequoyahrwd4.com)

**CHANGE OF OCCUPANCY AUTHORIZATION**

Owner / Landlord Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Service Address / Location: (include driving directions if necessary): \_\_\_\_\_

Account #: \_\_\_\_\_ Effective Date of Lease Agreement: \_\_\_\_\_

*The undersigned hereby agrees to allow listed renter/lessee to use the water membership and authorizes account information to be sent to their mailing address. It shall be the property owner's responsibility to advise the RWD #4 office of any changes in occupancy.*

Owner / Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Tenant Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_  
Address City/State/Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Tenant Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

*The undersigned hereby accepts responsibility for water service with Sequoyah County RWD #4, and hereby agrees that upon approval hereof, I/we will comply with and be bound by all rules and regulations of Sequoyah County RWD #4, and agree to pay all usage fees, service charges, or other lawful amounts chargeable to lessee.*

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Form must be completed & returned to the SCRWD #4 office.

**For Office use only:**

Ok'd by: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Transfer Fee: \_\_\_\_\_ Lease: \_\_\_\_\_

Meter #: \_\_\_\_\_ Register #: \_\_\_\_\_ Meter Read: \_\_\_\_\_ Location ID: \_\_\_\_\_ Work Order #: \_\_\_\_\_