

Wagoner County Rural Water District #4

9816 S 239th E Ave

Broken Arrow, OK 74014-3337

918-258-2331 Fax 918-251-5206

WWW.WAGONERRWD4.COM

TO PAY ONLINE THERE IS A 3% FEE, IF YOUR BILL IS UNDER \$100.00 THERE IS AN ADDITIONAL .50¢ FEE

EACH NEW ACCOUNT SET UP WILL BE CHARGED A \$20.00 TRANSFER FEE

| WATER RATES | RESIDENTIAL | COMMERCIAL | BILL GOES OUT: 30TH |
|--------------------|-----------------|------------------|----------------------------|
| 0 to 2,000 Gallons | \$16.50 Minimum | \$ 21.00 Minimum | DUE BY: 15TH |
| | | | |

Over 2,000 Gallons See attached tiered rates

SEWER RATES WYNSTONE CUSTOMERS

| Residential Use Fee | | Residential Sanitation Collection | \$17.80 Monthly | |
|---------------------|-----------------|-----------------------------------|-----------------|--|
| Green Country Sewer | \$44.00 Monthly | Solid Waste Fee | \$.50 Monthly | |
| Wagoner County RWD4 | \$40.71 Monthly | Ambulance | \$ 6.75 Monthly | |
| | | Flat Rate Sewage | \$31.14 Monthly | |

Commercial Sewer Use Fee

\$65.14 Monthly plus a volume charge of \$1.89 per 1,000 Gallons of water consumed over 10,000 gallons

Industrial Sewer Use Fee

\$76.40 Monthly plus a volume charge of \$1.98 per 1,000 gallons of water consumed over 10,000 gallons

Bills are mailed each month according to your billing cycle. There is a 6% penalty on all payments received after the due date.

Office hours: Monday- Friday 8:00 a.m. to 4:30 p.m.

Closed on most Federal Holidays

In case of an EMERGENCY: (918) 258-2331 Monitored 24 Hours

After hours Answering Service

Explanation of Contract

- 1) You will be responsible for any billing to the property.
- 2) You will leave the meter accessible to the meter reader at all times.
- 3) If bill is unpaid by previous owner, you will be responsible.
- 4) You will notify RWD#4 if you rent, lease, or sell this property.
- 5-8) There is only one residence per meter.
- 9) You **must** be the owner of the property.

The Benefit Unit is your membership into the district and will remain with the property. By signing below, you are agreeing that you received all of the following information

| | - | _ | • | | | | | |
|-----------|---|---|---|-----|----|--|------|--|
| Signature | | | | Pri | nt | | Date | |
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