

Date Received	In Office	Mailed	Approved/Denied



Delaware Tribe of Indians
ARPA ATG Potable Water Application
January 2024

Tribal Member Name _____

Delaware Tribal Member Number _____

Phone Number (_____) _____

Address _____

City: _____ State: _____ Zip Code: _____

Please provide Water Company Information Below:

Water Company Name _____

Water Company Address	Phone #	Acct #
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Signature of Tribal Member 18+	Date
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***Please attach a copy of your membership card. Please see enrollment if you do not have your card.**

***Must be over 18 years of age**

***Water statement in Tribal member's name required. Copy of bill required.**

***Direct Payment to water company**

***One application per household.**

You can drop off or mail in your application at 5100 Tuxedo Blvd Bartlesville, OK 74006 Attn: ARPA. You can also email your application to ehaney@delawaretribe.org or sbrott@delawaretribe.org