

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 #

Signature of Tribal Member 18+

Date

**\*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 members 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 Bartlesville, OK 74006. You can also email your application to [ebrown@delawaretribe.org](mailto:ebrown@delawaretribe.org) or [sbrott@delawaretribe.org](mailto:sbrott@delawaretribe.org)