

For Office Use Only

Acct #

A/R-Clear _____

DELANO-EARLIMART IRRIGATION DISTRICT

AGRICULTURAL/IRRIGATION

2018 WATER APPLICATION

APPLICATION MUST BE RETURNED BY FEBRUARY 14, 2018

BILLING INFORMATION: *Please use the name and address you wish to be shown on your statement.*

Name: _____ **Address:** _____

City/State: _____ **Zip Code:** _____

CONTACT INFORMATION: *List contact information for all those you want to receive important information during the water year. All water supply information is provided exclusively by email.*

Name:

Email address:

Phone number:

1. _____

2. _____

3. _____

4. _____

5. _____

TURNOUTS: *List all District turnouts you plan to use during the 2018 water year.*

Total Acres for this Application (from attached land use pages): _____

The undersigned hereby makes application for water from the Delano-Earlimart Irrigation District based upon the information provided herein. I certify that I have read the 2018 Water Policy as adopted by the Board of Directors and agree to be bound by it:

Print Name: _____ **Signature:** _____