For Office Use Only

Acct # _____

A/R-Clear_____

DELANO-EARLIMART IRRIGATION DISTRICT

MUNICIPAL AND INDUSTRIAL

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. _____

PARCEL INFORMATION: Please identify all parcels that will receive District water. Use Assessor's Parcel Numbers for each parcel.

Assessor's Parcel Number	Meter number	Water to be used for:	Irrigation method	Acres

Total Acres for this Application: _____

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 M&I Water Policy as adopted by the Board of Directors and agree to be bound by it:

Print Name: Signature: _____