

For Office Use Only

Acct # \_\_\_\_\_

A/R-Clear \_\_\_\_\_

**DELANO-EARLIMART IRRIGATION DISTRICT**  
**MUNICIPAL AND INDUSTRIAL**  
**2019 WATER APPLICATION**

**APPLICATION MUST BE RETURNED BY FEBRUARY 14, 2019**

**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 2019 M&I Water Policy as adopted by the Board of Directors and agree to be bound by it:

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_