

For Office Use Only

Acct # _____

A/R-Clear _____

DELANO-EARLIMART IRRIGATION DISTRICT

MUNICIPAL AND INDUSTRIAL

2020 WATER APPLICATION

APPLICATION MUST BE RETURNED BY FEBRUARY 21, 2020

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 |
|--------------------------|--------------|-----------------------|-------------------|-------|
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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 2020 M&I Water Policy as adopted by the Board of Directors and agree to be bound by it:

Print Name: _____ **Signature:** _____