

For Office Use Only

Acct #

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

**DELANO-EARLIMART IRRIGATION DISTRICT**

**AGRICULTURAL/IRRIGATION**

**2021 WATER APPLICATION**

**APPLICATION MUST BE RETURNED BY FEBRUARY 19, 2021**

**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 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 2021 Water Policy as adopted by the Board of Directors and agree to be bound by it:

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

## 2021 Water Application

Name: \_\_\_\_\_

**LAND INFORMATION:** Please use Assessor's Parcel Numbers only

Assessor's Parcel #	Parcel Owned By	Total Acres

Crops grown on this parcel:

Crop type:	Acres	Irrigation Method (Please check)				Age**
		Drip	Flood	Furrow	Micro/Jet	1-3 Years
Almonds						
Citrus						
Grapes						
Pistachios						
Other (specify)						
Fallow						
Non-Irrigable Land						
<b>Total</b>	<b>0</b>	** (Age) Please indicate if crop is 1 to 3 years old, if older leave blank				

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**Total: 0**