

For Office Use Only

Acct #

A/R-Clear _____

DELANO-EARLIMART IRRIGATION DISTRICT
AGRICULTURAL/IRRIGATION
2024 WATER APPLICATION

APPLICATION MUST BE RETURNED BY FEBRUARY 23, 2024

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.*

Paperless
billing recipient
(Select one by
marking "X")

Name:

Email address:

Phone number:

1. _____ Check

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 2024 Water Policy as adopted by the Board of Directors and agree to be bound by it:

Print Name: _____ **Authorized Signature:** _____

2024 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 (<i>specify</i>)						
Fallow						
Non-Irrigable Land						
Total		** (Age) Please indicate if crop is 1 to 3 years old, if older leave blank				

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