

For Office Use Only
 Acct # _____
 A/R-Clear _____

DELANO-EARLIMART IRRIGATION DISTRICT
MUNICIPAL AND INDUSTRIAL
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:** **"X"** **Phone number:**

1. _____ Check
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	Turnout 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 2024 M&I Water Policy as adopted by the Board of Directors and agree to be bound by it:

Print Name: _____ Authorized Signature: _____