

APPLICATION FOR LOWER COLORADO WATER SUPPLY PROJECT WATER

(Please print or type. Complete the information requested, or place an "X" in the appropriate box.)

1. **Property Assessor Parcel Number :** (_____ - _____ - _____), _____ County

2. **Are you submitting an application for other parcels?** Yes No
If "Yes," please attach a list of all parcels.

3. **Parcel Address:** _____
Number Street City State Zip Code

4. **Parcel Legal Description:** _____

5. **Owner Information:**

Name: _____
First Middle Last

Address: _____
Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

Is there a co-owner? Yes No
If Yes, please provide co-owner's name and address:

Name: _____
First Middle Last

Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

NOTE: Please provide a complete listing of co-owners. Attach additional sheets if necessary.

6. **Owner Occupied or Owner Used:** Yes No Not Developed

If "No," please provide the information requested below: Tenant Lessee Operator

Name: _____
First Middle Last

Mailing address: _____
Number Street City Zip Code

Telephone Number: _____, Fax Number: _____
Area Code First Area Code First

7. **Date Property Acquired:** _____
Month / Day / Year

8. **Date Property Developed:** _____
Month / Day / Year

9. **Source of Water (Month and Year):** **Prior to Nov. 15, 1986** **11/15/86 - 11/13/01** **After 11/13/01**
• Diverted from River _____
• Well _____
• Other _____

If "Other," please explain: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Date Reviewed: _____ Reviewed by: _____ Approved: Yes No

