

APPLICATION FOR EMERGENCY USE OF WATER

Name:

Contact Number:

Mailing Address:

APN:

Physical Address of the property:

(Attach copy of current tax bill or dump card)

Be very detailed in your request. Feel free to use other pages if necessary.

Purpose for the use of water: _____

Reason for the need of water: _____

If applicable Cannabis License #: _____

Amount of water requested: _____

Time period water is requested: _____

License Plate # and a copy of the liability insurance of the vehicle that will be hauling the water: _____

Signed _____

Date _____

Staff use:

Presented to the Board of Directors at the meeting held on: _____

Fees:

Initial application/inspection fee \$150.00 _____

Re-application/inspection fee \$25.00 _____

Waived Fee _____ Paid on _____