FAX # 208-459-3428

TEMPORARY WATER TRANSFER-ACRE FEET

BLACK CANYON IRRIGATION DISTRICT

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Manager: Black Canyon Irrigation District:

You are hereby authorized to transfer \_\_\_\_\_\_\_\_\_\_\_\_\_ Acre Feet of water as follows:

FROM: Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge as the owner of the land, or as the tenant farming the land, that there is the risk of putting this account into excess water usage. By signing below, I authorize the Black Canyon Irrigation District to continue delivering water to this account and I agree to pay any and all excess water charges incurred by this delivery. By signing below, I understand I will get no other notification of this account going into excess water usage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Tenant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Printed Name Tenant Printed Name

I hereby accept the above transfer of \_\_\_\_\_\_\_\_\_\_\_\_\_ Acre Feet to be delivered to my account.

TO: Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge as the owner of the land, or as the tenant farming the land, that there is the risk of putting this account into excess water usage. By signing below, I authorize the Black Canyon Irrigation District to continue delivering water to this account and I agree to pay any and all excess water charges incurred by this delivery. By signing below, I understand I will get no other notification of this account going into excess water usage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Tenant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Printed Name Tenant Printed Name

VERIFIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BCID Representative