



**WESTERN IRRIGATION DISTRICT
ALTERNATE IRRIGATION APPLICATION**

WID RECEIVED DATE & INITIAL

APPLICATION DATE: _____

ORIGINATING ACRES (OWNER)

*NAME OF IRRIGATION ACRE HOLDER: _____

TELEPHONE #: HOME: _____ BUS: _____ EMAIL: _____

WID CONTRACT #: _____ LEGAL LOCATION: ____ - ____ - ____ - ____ - W4

NO. OF ACRES USED ON ALTERNATE PARCEL: _____ ACRES

NO. OF ACRES REMAINING ON ORIGINAL PARCEL: _____ ACRES

.....
CONSENT:

I, _____, the owner of Irrigation Acres in ____ - ____ - ____ - ____ - W4, do hereby
render the use of _____ Irrigation Acres to be used on an alternate parcel for the _____ water season.
Year

Signature

***Yearly Irrigation Assessment Notices are mailed in August to the OWNER of the Irrigation Acres whom
are fully responsible for payment of their Yearly Assessment Notice; due December 31 of every year.
WID does not take responsibility for agreements made outside of this application.
Outside agreements are between the owner and the alternate parcel receiver.**

NOTE: NEW APPLICATION FEE IS \$400.00 + GST; RENEWAL FEE IS \$150.00 + GST.

APPLICATION DUE DATE IS THE 2ND FRIDAY OF MARCH.

LATE FEE OF \$300 WILL APPLY TO ALL APPLICATIONS RECEIVED AFTER THE 2ND FRIDAY OF MARCH.

As per WID Policy ADM # 37 and following IDA Sect 25(5)(b): **a current and acceptable Land Classification**
must be on file at WID's office at the time of this application, or must be attached to this application.

**THIS APPLICATION IS ONLY VALID FOR THE WATER SEASON REFERENCED ON THIS APPLICATION. THE APPLICANT MUST
APPLY EACH YEAR BY THE SPECIFIED DUE DATE FOR AN ALTERNATE PARCEL IRRIGATION AGREEMENT.**

ALTERNATE PARCEL (RECEIVER)

LOCATION OF ALTERNATE PARCEL: ____ - ____ - ____ - ____ - W4

NUMBER OF ACRES TO BE IRRIGATED: _____ ACRES

NAME OF ALTERNATE PARCEL IRRIGATOR: _____

ADDRESS: _____ CITY: _____ P.C.: _____

TELEPHONE #: HOME: _____ BUS: _____ EMAIL: _____

.....
CONSENT:

I, _____, the receiver of the Irrigation Acres, will be the Irrigator of _____ Irrigation
Acres within the Alternate Parcel of ____ - ____ - ____ - ____ - W4, for the _____ water season.
Year

Signature

If the above mentioned is the Lessee or Renter of the Alternate Parcel, also fill out this page:

RENTER / LESSEE

NAME OF RENTER/LESSEE OF ALTERNATE PARCEL: _____

ADDRESS: _____ CITY: _____ P.C.: _____

TELEPHONE #: HOME: _____ BUS: _____ EMAIL: _____

.....
CONSENT:

I, _____, the renter/lessee of _____ - _____ - _____ - _____ - W4, do approve of the irrigating of _____ Irrigation Acres for the _____ water season.
Year

Signature

THIS APPLICATION IS ONLY VALID IF SIGNED BY WID AUTHORITIES AND IS SEALED.

OFFICE USE ONLY

WESTERN IRRIGATION DISTRICT APPROVAL

The Board of Directors of the Western Irrigation District approve of the Alternate Parcel Irrigation Agreement between the above-mentioned parties.

This agreement is effective _____, _____ and is valid for the _____ water season only.

Chairman

General Manager