| | Landowner Enrollment Agreement | | | |
|---|--|--|--|--|
| Owner Name (s): | | | | |
| Mailing Address: | | | | |
| City, State, ZIP | | | | |
| Phone Number: | | | | |
| Email Address: | | | | |
| Irrigated Parcels to be Enrolled | | | | |
| Assessor's Parcel Number | Net Irrigated Acres | Gross Parcel Acres | Reporter Contact (Tenant) Name | Reporter Contact (Tenant (address, phone, e |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Irrigation started: | | | | |
| Total Acres | | | | (please attach another sheet if needed) |
| Cost Per Acre | | | | |
| Total Due | Please remit payment to: Dixon / Solano RCD Water Quality Coalition 1170 North Lincoln Street, | | | |
| | | | Authorization | |
| ownership, pay fees, or provide of resolutions and that if I withdraw b to notify the Regional Board of its the Coalition program. I release | orrect information of failure to performation current member and forever hol | timely manner on will constitute orm or by provid rs. I affirm that d the Coalition, | In executing this Authorization, I agree to e a withdrawal from the program. I understar ling notice of withdrawal to the Coalition, that t the Coalition assumes no liability for any action | t if the above agency's records are incomplete the participate in the Coalition program. I acknowled ad that I am solely responsible for complying with he Coalition will not assist me in complying. I und n by the Central Valley Regional Board as a result and the Dixon Resource Conservation District, an n. |
| Landowner or Authorized Repr | esentative Sigr | nature | | Da |

| Information | |
|-------------|--|
| mail) | |

, Ste. 110, Dixon CA 95620

hat I will provide this information to the edge that failure to report changes in the Central Valley Regional Board's derstand that the Coalition is obligated It of any action or failure to act through and their respective officers, directors,