



El Dorado Irrigation District

2890 Mosquito Rd, Placerville CA 95667 Ph. 530-642-4000

Application for Small Farm Water Rate with Appropriate IRS Form

Form must be completed in its entirety and all information must be furnished in order to process this request

Customer Information: (Please print clearly)

Application Type: New Renewal

Requested By: Owner Tenant

Preferred Method of Contact: Phone Email

Name: _____ Account Number: _____

Service Address: _____

Phone Number: _____ Email Address: _____

Parcel Size: _____ Estimated total Acreage in Production: _____

Type of Crop or Livestock at service address	Estimated square feet or acreage of plants, trees, or pasture

In order to qualify you must meet all eligibility requirements listed below:

- Minimum parcel size is 1 acre
- Minimum 1/2 acre planted in agricultural crops and/or qualifying livestock as a marketable product
- Maintenance of said crop and/or qualifying livestock to produce a marketable product
- Current appropriate certified IRS form showing at least \$1,000 in annual gross sales in agricultural products of the lands

Declaration and Signature

- I have included a certified copy of my current IRS form showing at least \$1,000 in annual gross income/sales.
- I understand that a \$105 Small Farm Field Check fee will be assessed to my account upon completion of a field visit by EID staff regardless of approval.
- I understand that I must reapply for the program as outlined in Administrative Regulation 9024. I understand that failure to do so may result in being removed from the program.
- I understand that the right to the Small Farm rate is not perpetual and does not run with the land. In the event the property changes hands EID may require the new owner to apply for the rate.
- I understand EID will not process any new or recertification applications for the Small Farm rate that may require new plantings whenever EID Board-declared drought conditions are in effect.
- I understand that the program can be suspended or modified at any time and that I have no entitlement to receive assistance.
- I certify, under penalty of perjury, that the information included in and with this application is true and correct.

Signature (Person who's name appears on the EID bill)

Date

Submit by Mail or In Office to:

Submit by Fax or Email to:

El Dorado Irrigation District
Attention: Utility Billing
2890 Mosquito Rd
Placerville, CA 95667

Fax Number: 530-622-8569

Email: billing@eid.org

For Internal Use Only - Verification: Certified IRS Form Included Parcel Minimum 1 Acre Authorized Customer

SR Sent to Field Date: _____ SR # _____ SR Field Check Completed Date: _____

Approved Denied Denial Reason: _____ Denial Letter Sent

Date Processed: _____ Processed By: _____

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