

SURFACE WATER USER INFORMATION SHEET

CUSTOMER NAME: _____
(Last Name, First Name)

MAILING ADDRESS: _____
(Street Number, City, State, Zip Code)

PHONE _____

FIELD LOCATION: _____
(Street Number, City, State, Zip Code)

TOTAL ACRES FARMING: _____

PARCEL(S) #: _____

LEASED OR OWNED **If Leased OWNER NAME:** _____

CROP/CROPS & ACREAGE IRRIGATED WITH SURFACE WATER:

_____	_____
_____	_____
_____	_____
_____	_____

SURFACE WATER PUMP LOCATIONS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____