

Identification Number	Subscription		Year
8 7 0			

<b>Client Information</b>
Business Name

Branch Office
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Client signature required on page 2. Failure to maintain an up to date water log or follow proper irrigation management will result in the assessment of uninsured causes.

Legal Land Location:			Legal Land Location:			Legal Land Location:		
Crop:			Crop:			Crop:		
Insured Acres:			Insured Acres:			Insured Acres:		
Irrigation System:			Irrigation System:			Irrigation System:		
Irrigation District:			Irrigation District:			Irrigation District:		
Annual allocation if restricted (in"):			Annual allocation if restricted (in"):			Annual allocation if restricted (in"):		
If water transferred, where to (LLD):			If water transferred, where to (LLD):			If water transferred, where to (LLD):		
Date Range	Amount Rainfall	Amount Applied Water	Date Range	Amount Rainfall	Amount Applied Water	Date Range	Amount Rainfall	Amount Applied Water
Total			Total			Total		

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary



<b>Client Signature</b>
I certify that to the best of my knowledge, the above information regarding dates and amount of water applied are correct.
Client signature _____ Date _____