



National Irrigation Commission Limited

APPLICATION FOR IRRIGATION

**SECTION A: APPLICANT'S INFORMATION**

First Name:	Middle Initial:	Last Name:

Service Address:		Home Address:

Mailing Address:

Home Number:		Office / Work Number:
Mobile Number:		Taxpayer Registration Number:

Email Address:
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BILLS SHOULD BE SENT TO:	Service Address	Home Address	Email	{Please Select One (1)}
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OWNERSHIP STATUS					LEGAL STATUS	
OWNER	LESSEE	TENANT	AGENT		TITLE	LEASE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Volume No.:		Folio No.:	
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**SECTION B: PURPOSE AND TYPE OF SUPPLY**

<input type="checkbox"/>	New Supply	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Re-supply	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Additional Supply	<input type="checkbox"/>	Non-agricultural
<input type="checkbox"/>	Transfer of Existing Contract	<input type="checkbox"/>	Other <small>Click or tap here to enter text.</small>

**SECTION C: SUPPLY INFORMATION**

Amount of Water Requested:		M <sup>3</sup> /HR
Location/Description of Service Area:		

Previous/Existing Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please state information of previous customer
Notch Number:		Customer ID Number:	

Was the Property Previously Supplied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If Yes, Please State Information for Previous Customer Below:</i>
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First Name:	Middle Initial:	Last Name:
Customer Number:		

Is the Property a Sub-division of Existing/Previous Contract:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**SECTION D: PROPERTY DESCRIPTION**

Total Area:		(Ha)	Non-irrigation Area:		(Ha)	Location of Area:	
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Direction to Area:	

CROPS TO BE CULTIVATED:			
CROP	WITH IRRIGATION	WITHOUT IRRIGATION	HECTARE

NON –AGRICULTURAL USE			
Type of Use:		Treatment of Wastewater:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Possible Contaminant of Source	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contaminant:	
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Justification for Non-Agricultural Use:
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Applicant's Signature:		Date:	
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**SECTION D: FOR INTERNAL USE ONLY**

Irrigation System:	<input type="checkbox"/>	RCIW	<input type="checkbox"/>	SDIA	<input type="checkbox"/>	MCIA	<input type="checkbox"/>	HIA	<input type="checkbox"/>	B/LP	<input type="checkbox"/>	BRACO
	<input type="checkbox"/>	YAL	<input type="checkbox"/>	YAL/IDB	<input type="checkbox"/>	PGR	<input type="checkbox"/>	NF/DH				

CUSTOMER NUMBER:	
LOCATION NUMBER:	
METER NUMBER:	

Area Recommended:		ha
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Agriculture Area Review:	

Proposed Crop Pattern:	
Other Comments:	

Recommended Water Allocation:		m <sup>3</sup> /hr	Water Availability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Supplied from Line:		Notch No.:		Number of Notches:	
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	Service Class	Code
<input type="checkbox"/>	Agricultural	
<input type="checkbox"/>	Industrial	
<input type="checkbox"/>	Non-Agricultural	
<input type="checkbox"/>	Other	

Meter Size				Cost
Pressurized		Open Canal		
<input type="checkbox"/>	7/8 in	<input type="checkbox"/>	3 in	
<input type="checkbox"/>	1 in	<input type="checkbox"/>	6 in	
<input type="checkbox"/>	2 in	<input type="checkbox"/>	9 in	
<input type="checkbox"/>	3 in	<input type="checkbox"/>	12 in	
<input type="checkbox"/>	4 in	<input type="checkbox"/>	3 ft	
<input type="checkbox"/>	6 in			

Security Deposit: \$		Installation Fee: \$		Total: \$	
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Amount Paid: \$		<input type="checkbox"/>	Debit	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Cash
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Receipt No.:	Click or tap here to enter text.
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Application Process Date:		<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved
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Process By (Employee):		Signature:	
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Approved By:	
	Regional Systems Manager
	Director of Engineering & Technical Services
	Directors of Commercial Operations