OLIVENHAIN
Municipal Water District

PERMANENT SPECIAL AGRICULTURAL WATER RATE (PSAWR)
ENROLLMENT FORM

To receive the PSAWR water rate as established by the San Diego County Water Authority, and administered by Olivenhain Municipal Water District, a Property Owner or Authorized Agent is required to provide the following information, provide written consent, certification and acknowledgment as indicated on this form. Failure to complete all sections and/or provide requested documentation may result in ineligibility for the PSAWR water rate.

OWNER/AUTHORIZED AGENT'S BILLING INFORMATION:

Customer-Account Number: _____ ☐ Single Meter – Agricultural Use Only
Owner Name: _____ ☐ Single Meter – Agricultural/Residential
Operator/Agent (*If applicable*):_____
Service Address:_____
Owner's Mailing Address (*If different than above*):
_____
Owner/Agent's Phone Number:_____ Owner/Agent's Email:_____

SECTION 1 – QUALIFICATIONS FOR PSAWR WATER RATE (Required):

In accordance with the San Diego County Water Authority policies, Olivenhain Municipal Water District and Owner acknowledge that to participate in the PSAWR water rate, agricultural customers must:

> "Grow or raise – for commercial purposes – products of an agricultural, horticultural, or floricultural nature."

SECTION 2 – PROPERTY INFORMATION (Required):

Information in table below to be provided by Owner regarding the real property covered by the PSAWR water rate (add more lines, as needed, for additional APNs):

Assessor's Parcel Number (APN)	Acreage of Parcel	Acreage Dedicated to Agricultural Product	Is There a Residence on the Parcel	Type of Crop(s)	Percentage of Crop/Product Types
EXAMPLE...125-125-10	*.....10*	*.....4*	*.....YES*	*.....Avocados*	*.....50% Avocados; 50% Citrus*

SECTION 3 – VERIFICATION OF COMMERCIAL AGRICULTURAL SALES (Required):

Concurrent with the completion of this Enrollment Form, Olivenhain Municipal Water District will determine if the Commercial Agricultural Operation is included on one of the following lists (**ONLY 1 REQUIRED**):

- Grower's List
- Active Certified Producers List
- Organic Producers List
- Regional Board General Agricultural Order Enrollment List

SECTION 4 – CONSENT TO PARTICIPATE AND ACKNOWLEDGMENT(Required):

I hereby certify that:

- I, _____(Owner/Agent's Name), am the owner or authorized agent of the owner, of the above referenced property and consent to participate in the PSAWR water rate.
- The information provided herein is true and correct.
- Water purchased under the PSAWR water rate will be used for agricultural purposes in accordance with the rules of the San Diego County Water Authority PSAWR Handbook.

I hereby acknowledge that:

- Water received under the PSAWR water rate is a non-firm, interruptible supply, subject to early and accelerated mandatory supply reduction, based upon water supply conditions as determined by the San Diego County Water Authority.
- Water use under the PSAWR water rate is subject to periodic examination , and I agree to respond in a timely manner to requests for information and access to properties.
- Failure to provide a reasonable response and access will result in automatic termination of the PSAWR water rate.
- I will not be allowed to opt out of the PSAWR water rate during or under substantial threat of a mandatory water supply reduction.
- Water purchased under the PSAWR water rate, but done so on the basis of **incorrect information** supplied by the applicant, or water utilized for uses **other than commercial agricultural purposes** as defined by the San Diego County Water Authority, may result in the assessment by Olivenhain Municipal Water District of water rates, penalties, and charges as required by the San Diego County Water Authority, which I hereby agree to pay.
- If at any time the status of my eligibility changes, I am responsible for notifying Olivenhain Municipal Water District within 30 days. Failure to notify OMWD of a change in eligibility within 30 days will result in retroactive assessment of the San Diego County Water Authority's M&I water rates and charges for the period of ineligibility in which the PSAWR water rate was received, which I hereby agree to pay.

Owner/Agent's Name_____ Title _____
(Please Print) (Owner/Authorized Agent)

Owner/Agent's Signature_____ Date _____

For Olivenhain Municipal Water District to complete:

This property qualifies under one of the following:
- ☐ Grower's List
- ☐ Active Certified Producers
- ☐ Organic Producers
- ☐ Agricultural Order Enrollment List

☐ This property does not qualify.
Note Reason:

Backflow requirements met (IF APPLICABLE): Yes ___ No ___.

Comments_____