***Irrigation Rate Choice Form***

***Year: 2015***

*Please indicate below the desired rate for your irrigation system for the 2015 irrigation season. Please sign and return this form by March 15, 2015.*

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Account** | **Irrigation** | **2015 Rate Choice** | | **Horsepower Verification** | | |  |  |  |  |
| **Number** | **ID** | **Standard** | **Load Mgmt** | **Well Pump** |  | **End Gun** |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_** |  |  |  | **hp** |  | **hp** |  |  |  |  |

**\_\_\_\_\_\_\_\_**

**Contact Name Contact Phone Number Carrier**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**