

APPLICATION FOR REIMBURSEMENT OR CREDIT AGAINST OBMP ASSESSMENT

APPLICANT

REQUESTING

Credit []

Reimbursement []

Name of Party

Date Requested

Date Approved

Street Address

City State Zip Code

Telephone:

Facsimile:

DESCRIPTION OF PROJECT OR PROGRAM FOR WHICH REIMBURSEMENT OR CREDIT IS SOUGHT

(Include a description of how the project/program accomplishes or contributes to the accomplishment of the goals of the OBMP as well as time of implementation and schedule for completion - see Sections 4.9 & 10.9 of the Rules & Regulations)

MATERIAL PHYSICAL INJURY

Is the Applicant aware of any potential Material Physical Injury to a party to the Judgment or the Basin that may be caused by the project/program? Yes [] No []

If yes, what are the proposed mitigation measures, if any that might be reasonably imposed to ensure the project/program does not result in Material Physical Injury to a party to the Judgment or the Basin?

PROJECTED PROJECT OR PROGRAM COSTS

(a) Capital: (b) Operations and Maintenance:

(c) Cumulative Project or Program Cost:

\$ AMOUNT OF CREDIT OR REIMBURSEMENT REQUESTED _____

ADDITIONAL INFORMATION ATTACHED Yes [] No []

Applicant

TO BE COMPLETED BY WATERMASTER:

DATE OF APPROVAL FROM NON-AGRICULTURAL POOL: _____

DATE OF APPROVAL FROM AGRICULTURAL POOL: _____

DATE OF APPROVAL FROM APPROPRIATIVE POOL: _____

HEARING DATE, IF ANY: _____

DATE OF ADVISORY COMMITTEE APPROVAL: _____

DATE OF BOARD APPROVAL: _____