



**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 the Vallecitos Water District a Property Owner is required to provide the following information, provide written consent, certification and acknowledgement 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 AGENCT’S BILLING INFORMATION:

Account Number: _____ Single Meter – Agricultural Use Only
 Owner Name: _____ Single Meter – Agricultural/Residential (share)
 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, Vallecitos 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 – VERIFICATION OF COMMERCIAL AGRICULTURAL SALES (Required):

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

- San Diego Regional Water Quality Control Board
 - a. General Agricultural Order Enrollment List (Land Use Assessment)
- County of San Diego
 - a. Grower’s List (Pesticide Application)
 - b. Active Certified Producers List (For Farmer’s Markets)
 - c. Organic Producers List

SECTION 3 – PROPERTY INFORMATION (Required Information to be provided by Owner regarding the real property covered by the PSAWR water rate for Calendar Year 2024):

Assessor’s Parcel Number (APN)*	Acreage of Parcel	Acreage Planted & Irrigated	Is there a residence on the Parcel	Type of crop	Number of trees
EXAMPLE...125-125-10104YESAvocados400

*- If there are more than three APN’s property owner may provide a list as an attachment.

SECTION 4 – CONSENT TO PARTICIPATE (Required):

Having been fully informed of the policies and procedures of the PSAWR Program I, _____ consent to participate in the PSAWR Program and adhere to the PSAWR Program policies and procedures.

Owner/Agent’s Name _____ Title _____
(Please Print) (Owner/Authorized Agent)

Owner/Agent’s Signature _____ Date _____

SECTION 4 – CERTIFICATION AND ACKNOWLEDGMENT (Required):

I hereby certify that:

- I am the owner or authorized agent of the owner of the previously referenced property.
- 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 (compared to non-PSAWR Program customers) which is 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 audit, 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 for audit 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 provided for by the Program.
- Water purchased under the PASWR water rate, but done so on the basis of **incorrect information** supplied by the applicant, or water utilized for uses other than agricultural purposes as defined by the San Diego County Water Authority, may result in the assessment by Vallecitos Water District of water rates, penalties and charges as required by the San Diego County Water Authority, which I hereby agree to pay.

Owner/Agent’s Name _____ Title _____
(Please Print) (Owner/Authorized Agent)

Owner/Agent’s Signature _____ Date _____

For Vallecitos 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 _____	
Completed by Vallecitos Water District: Vallecitos Water District Staff Signature and Date:	