



Coachella Valley Water District
Colorado River Water Conservation Program
Application

Please fill out one application for each APN that you would like to enroll in the program.

1. APPLICANT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____ City: _____ State ____ Zip: _____

Phone Number: _____ Email Address: _____

2. Is the Applicant: Landowner [] Lessee []

If the Applicant is a Lessee, proceed to #3 and fill out the "Landowner Consent Form". If the applicant is the landowner, proceed to #4.

3. LESSEE INFORMATION

Name: _____

Mailing Address: _____ City: _____ State ____ Zip: _____

Phone Number: _____ Email Address: _____

4. Participation period: Jul to Dec 2024 [] Jan to Dec 2025 [] Jan to Dec 2026 []

5. LAND DETAILS

APN: _____ Number of acres: _____ Meter Number: _____ Gate Number: _____

Does the APN have Well connection: Yes [] No [] If yes, Well No: _____

Did you farm this APN 3 of the past 5 years (2019 to 2023)? Yes [] No [] If yes, type of crop (s): _____

Applicant Signature: _____ Date: _____

I certify that the information contained in this application is true and correct. I have read, understand and agree to the Colorado River Water Conservation Program Rules and Regulations.

How to return the application to CVWD:

- Scan and e-mail at ConserveCRW@cvwd.org OR
• Complete and submit online www.cvwd.org/ConserveCRW

Thank you for filling out the application. All applications are subject to review and approval. You will be notified at the e-mail provided above if you qualify for the program. For more information about this program, please visit: www.cvwd.org/ConserveCRWColorado