

**NEVADA IRRIGATION DISTRICT
WATER AVAILABILITY REQUEST**

Type of Service: Raw Irrigation Water _____ Treated Water _____

Existing Water on Property: Well ____ Canal _____ Spring ____ Other _____

County: Placer _____ Nevada _____

APN Number(s): _____

Additional Comments: _____

Requested By: _____

Address: _____

City, State, Zip: _____

Telephone #/Fax #: _____

Representing: _____

Mail this form and a \$50 Administrative Processing Fee (made payable to NID) to:

Business Coordinator
NEVADA IRRIGATION DISTRICT
1036 W. Main Street
Grass Valley, CA 95945

If the property is to be divided, a tentative map is required with the request. The letter will state the property's entitlement to a prorated share of water, the location of the nearest raw water or treated water conduit, and will attempt to identify any potential issues to be addressed pertaining to the availability of water service.