

## **VISPO Enrollment Form**

Entity Name:			
Authorized Representatives	:		
Address:			
Telephone Number:		Email:	
VISPO Program Terms a  • 4-Year Term (Janu	and Rates: ary 1, 2025 – December 31,	, 2028)	
*Suspension Rate: *A suspension yea	-suspension years): \$54 per \$160 per acre-foot per year r is triggered if the J-17 ind gered, suspension from with	r in addition to stand-by rate ex well is at or below 635 fe	eet msl on October 1 <sup>st</sup> in any
	enroll my water into a 4-Yea to particpate in the VISPO.	ur term.	
Please indicate below the	amount of water that you wer. If you wish to add or red		•
Permit Number	Total Enrollment	Base Amount	Unrestricted Amount
Signature:		Date:	
Permitt	ee / Authorized Representat	tive	

Please return enrollment form by <u>November 1, 2024</u> to 900 E. Quincy, San Antonio, TX 78215 or email to Javier Hernandez, Special Projects Liaison, at jhernandez@edwardsaquifer.org. Please note, completion of this enrollment form is not a binding agreement. Upon receipt of your enrollment form formal VISPO agreement documents will be mailed to you to complete the enrollment process. The VISPO agreement must be approved by the EAA Board of Directors to become effective.