

Manage. Enhance. Protect.

## **VISPO Enrollment Form**

| Entity Name:   |  |  | · · · · · · · · · · · · · · · · · · ·      |
|--|--|--|--|
| Authorized Representative  | :  |  |  |
| Address:   |  |  |  |
| Telephone Number:  |  | Email:   |  |
| <ul> <li>4-Year Term (Janu</li> <li>Stand-by rate (non *Suspension Rate:</li> <li>* A suspension year given year. If trigg</li> <li>Yes, I would like to example of the standard of the standa</li></ul> | and Rates: pary 1, 2025 – December 31, 2025 – Dece | 2028)  acre-foot per year in addition to stand-by rate ex well is at or below 635 f drawals will begin on Janu r term. | feet msl on October 1 <sup>st</sup> in any |
|  | amount of water that you w<br>er. If you wish to add or red  |  | •  |
| Permit Number  | Total Enrollment   | Base Amount  | Unrestricted Amount                        |
|  |  |  |  |
| Signature:   | ee / Authorized Representat  | Date:  |  |
| Permitt  | ee / Aumorizea Kepresentat   | IVE  |  |

Please return enrollment form by <u>December 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.