<u>"REQUEST FORM"</u> for New Headgate, Repair of Headgate or Lateral

Date: _		
Shareh	older(s) Name:	
Contac	et and phone number:	
Email	address:	
Water	Share Certificate Number(s):	
Addres	ss of Shareholder:	
	(attached additional pages as needed) Please describe the work you are requesting:	
2.	Attach a map of the location of the headgate location related to the canal and owners' property to this form.	
3.	Will you be, or are you, the only shareholder on this headgate at this point?YES,NO. If "NO" please provide the other shareholders related to the headgate:	
4.	Please attach any other diagrams, plans, designs, maps, property boundary or aerial photos of the headgate you have for the request form. <i>See attached listed</i> :	
All	requests shall be subject to the approval of the Board of Directors or a committee of the Board in the event	

constructed by the Corporation at such time during the non-irrigation season typically between October 15th, and March 15th, and in such manner as the corporation determines in its sole discretion. Headgates, whenever possible, will have to be shared with other users. The Corporation must approve all headgates: Each headgate shall have a weir or other type of measuring device acceptable to the Corporation.

For Redlands Water and Power Company official use below:

Date request received:, By:	Title:	
Reimbursement Agreement dated:	Executed date:	
Review for Board of Directors set for:	BOD Review date:	
Request for more information for:		
Date and place to meet shareholder(s) set for:		
Cost estimate provided on date:	, By:	
Actions taken & Notes:		