

Colusa Glenn

Subwatershed Program

P.O. Box 1205, Willows, California 95988 - Phone (530) 934-8036 - Email www.cgsubwatershed.com

MEMBER DUES REIMBURSEMENT FORM

NAME:

ADDRESS:

PHONE:

EMAIL:

MEMBER ID: CGSP#####

DATE SUBMITTED:

DATE BOARD MEETING REVIEW:

INSTRUCTIONS:

In order for your reimbursement request to be reviewed and considered by Colusa Glenn Subwatershed Program's Board of Directors, please complete and submit this Member Dues Reimbursement Form. You will be notified of the date in which the Board of Directors will review your request.

Please submit this form to:

Colusa Glenn Subwatershed Program

P.O. Box 1205

Willows, CA 95988

Or, you may email it to info@cgsubwatershed.com

MEMBER INFORMATION

1. Please complete the following information.

PARCEL(S) OWNER

BILLING CONTACT OR SAME AS:

PARCEL(S) OWNER

NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE #		PHONE #	
EMAIL		EMAIL	

2. List your Parcel(s), irrigated acreage, total irrigated acreage and reason for your reimbursement request for each accordingly. Attached additional pages as necessary.

Parcel(s) (APN) #	
Irrigated acres	
Crop type	
Year(s) Requesting	
PAID Information (Ck #, Date, Amount)	
Reason for reimbursement request	

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Irrigated acres	
Crop type	
Year(s) Requesting	
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Reason for reimbursement request	

For Membership and Acreage Dues questions, contact Kelly Kampschmidt – Payroll & Accounting Services at (530) 934-3234.

For all other questions, contact our office at (530) 934-8036.

CERTIFICATION

“I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted is, true, accurate, and complete and was prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information. I have read and understand the above. I elect to be a member and participate in the Coalition / Colusa Glenn Subwatershed Program.”

NAME _____ **DATE** _____