

**CENTRAL ARIZONA WATER CONSERVATION DISTRICT
CENTRAL ARIZONA GROUNDWATER REPLENISHMENT DISTRICT
P.O. Box 43020
PHOENIX, ARIZONA 85080-3020**

**APPLICATION TO ENROLL AS A MEMBER SERVICE AREA
OF THE
CENTRAL ARIZONA GROUNDWATER REPLENISHMENT DISTRICT**

PART I - DEFINITIONS

For purposes of this application, the following terms are defined as follows:

1. "CAGRDR" shall mean the Central Arizona Groundwater Replenishment District.
2. "Municipal Provider" shall mean the water provider identified in response to question 1, Part III of this application.

PART II - INSTRUCTIONS

Step 1. Please answer all questions in Part III of this application, and complete and sign the affidavit of applicant (page 4 of this application).

Step 2. Please gather the documents required for initial processing listed in Part IV of this application.

Step 3. File the completed application, together with the documents required for initial processing, with the Central Arizona Groundwater Replenishment District, P.O. Box 43020, Phoenix, Arizona 85080-3020. A base enrollment fee of \$5,000.00 must accompany this application¹. Please make checks payable to CAGRDR.

Step 4. Upon receipt of a complete and correct application, CAGRDR will prepare an execution copy of a Member Service Area Agreement Between the Municipal Provider and Central Arizona Water Conservation District (CAWCD).

Step 5. CAGRDR will forward the Member Service Area Agreement to the Municipal Provider for execution.

¹ *Note: If total costs incurred by CAGRDR in the processing of this application exceed the \$5,000 base enrollment fee, the amount over \$5,000 must be paid by the applicant prior to CAGRDR's execution of the Member Service Area Agreement.*

Step 6. The Municipal Provider shall prepare and execute, or cause to be executed on its behalf, a Resolution and shall publish the Resolution once each week for two consecutive weeks in a newspaper of general circulation in the county or counties where the Municipal Provider's Service Area is located, in accordance with Arizona Revised Statutes § 48-3780(7).

Step 7. The Municipal Provider shall execute, or cause to be executed on its behalf, the Member Service Area Agreement.

Step 8. Return the fully executed Resolution and Member Service Area Agreement to CAGRDR, together with an affidavit of publication from the newspaper(s) which published the Resolution, to CAGRDR.

Step 9. CAWCD will execute the Member Service Area Agreement. CAGRDR will then notify the Arizona Department of Water Resources that the Municipal Provider has qualified as a Member Service Area of the Central Arizona Groundwater Replenishment District

PART III - GENERAL INFORMATION

1. Water Provider:

- a. Name: _____
- b. Address: _____

- c. Telephone: _____

2. Owner:

- a. Owner name (if applicable): _____
- b. If the owner of the Water Provider is other than an individual, such as a corporation, limited liability company, partnership or trust, name the type of legal entity: _____

- c. Address: _____

- d. Telephone: _____

3. Primary contact party:

- a. Name: _____
- b. Address: _____

- c. Telephone: _____

4. The Member Service Area Agreement must specify the maximum annual volume for which CAGR D is committing to provide replenishment services. Please enter the maximum requested annual replenishment commitment for the proposed Member Service Area (in acre-feet per year): _____

PART IV - DOCUMENTS REQUIRED FOR INITIAL PROCESSING

1. A complete copy of the Application for a Designation of Assured Water Supply, including all attachments and supplements, as submitted to the Arizona Department of Water Resources.

2. A map of the Municipal Provider's service area, including the current and proposed distribution system.

3. Applicable documentation that confirms the municipal provider's legal authority to do business in Arizona. Such documentation may include: articles of incorporation, articles of organization, partnership agreement, operating agreement, corporate by-laws, certificate of good standing from the Arizona Corporation Commission, or resolutions by the County Board of Supervisors.

AFFIDAVIT OF APPLICANT

I hereby certify under penalty of perjury that the statements contained in this application, together with any documents submitted herewith are full, true, complete, and correct.

I am duly authorized to prepare and am the person responsible for the content of this application.

MUNICIPAL PROVIDER: _____

By: _____

Its: _____

STATE OF)
County of) ss.
)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, the _____ of _____, on behalf of _____.

Notary Public

My commission expires:

APPLICATION MUST BE SIGNED BY THE MUNICIPAL PROVIDER'S AUTHORIZED REPRESENTATIVE AND SWORN TO BEFORE A NOTARY PUBLIC PRIOR TO SUBMISSION TO CAGRD

Revised 3/1/2022
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