

VOLUNTARY MONITORING PROGRAM

Opt-In Agreement for Water Transactions

I/We agree to the terms of service for the Voluntary Monitoring Program and give my/our permission to the Scott Valley and Shasta Valley Watermaster District to complete the services specified on side 2 of this agreement. For a diversion that serves multiple owners, each owner must sign. This agreement does not apply to diversions outside the authority of the District.

Print Diversion Owner's Name	Diversion Owner's Signature	Phone	Phone		
Print Diversion Owner's Name	Diversion Owner's Signature	 Phone			
Additional Owners can be added to	the reverse side of this page and initial here		·		
IF MULTIPLE OWNERS ARE LISTE	D THE PRIMARY CONTACT PERSON IS				
	Date Submitted by	Owner(s):			

Terms of Service

I/We agree to submit the cost payments indicated on side 2 of this agreement along with the request for service. I/We understand there is no obligation to continue these services and may opt-out with a 15-day written notice by all owner's identified above. Failure to pre-pay the agreed amount for also terminates this agreement. If this agreement is terminated the District will cease to provide the service. I/We understand that in order to allow the Deputy Watermaster to accurately record water diversions, I/we may be required to purchase, install and certify measurement devices or other equipment necessary for data collection.

Access

Access to the diversion and/or measurement site is granted by the Diversion Owner(s) to the District, its employees, agents, assigns or contractors, for the services provided by the District (see side 2 of this agreement).

[] If this box is checked a diversion or measurement site is located on property that is owned by a private property owner not listed as a diversion owner in this agreement. Notification to the private property owner must be made prior to accessing site.

Please sign me/u	us up for the fo	ollowing:						
[] Initial consultappropriate num	tation by Depu	ity Watermas						
	[] 1 or 2 diver				nore diversion			,,,
[] GIS to map d Watermaster. \$1	liversion location	ons, this is or	-	e when requ			t by the [Peputy
[] Assist diversi change to the de		-			_			
MUST R I annual report th	EAD: I/we und e diversion ow					-		d of an
[] Water measu Watermaster aft		_						y Deputy
Diversions:					Complete th	nese columns wit	h Deputy W	/atermaster
Water Source	Tributary to	Diversion Number or Name	CFS for Diversion	CFS for Bypass	Method	Frequency	# Visits	Cost forY
Sub-Total								\$
Plus Admin.*								\$ 145
TOTAL								\$
*Admin includes Additional Owner Print Diversion C	ers:	_	request and			w. Phon	e	
Print Diversion Owner's Name			Diversion Owner's Signature			 Phone		

MAIL COMPLETED FORM AND PAYMENT TO THE ADDRESS BELOW – Make check payable to SSWD

Phone

Diversion Owner's Signature

Print Diversion Owner's Name