



PO Box 849 ~ 755 Connie Street
Mills, WY 82644

**Casper Alcova Irrigation District (CAID)
Authorization & Agreement to Call in Water Orders.**

I, _____, understand that CAID Water User Policy states only the Water User may order water unless I submit in writing to CAID authorizing another person to order water. I also understand that by signing this authorization, I am agreeing to the following two conditions:

1. I am authorizing the following listed person(s) permission to call in water orders in addition to myself.
2. I will be responsible for water usage by me and the listed person(s) for my landholdings, which may or may not include excess water charges. This will be determined per the water accounting at the end of the irrigation season.

Signature of Landowner: _____ Date: _____

Person(s) Authorized to Call In Water Orders:

1. _____ Signature: _____
2. _____ Signature: _____
3. _____ Signature: _____
4. _____ Signature: _____
5. _____ Signature: _____