

BOISE PROJECT BOARD OF CONTROL

COMBINATION OF ASSESSMENT NUMBERS

DATE: _____ **ONLINE WATER ACCOUNTING USER ID:** _____

NAME: _____ **NAME:** _____
APPLICANT (Please Print) **APPLICANT (Signature)**

You are hereby authorized to combine the water allowances of the following Assessment Numbers for the _____ irrigation season:

OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER
OWNER (Please Print)	OWNER (Signature)	ASSESSMENT NUMBER

THIS TRANSACTION MUST BE COMPLETED AND RETURNED TO THE BOISE PROJECT BOARD OF CONTROL PRIOR TO **OCTOBER 10TH** OF EACH IRRIGATION SEASON.