

Example – Annual Farm Information Update Form

Electric Service Schedule No. _____

Bonneville Power Administration - Residential Exchange Program (REP) Annual Update of Farm Information and Application for REP Irrigation Billing Credits

This form must be completed and returned to <Utility Name> to qualify for the Bonneville Power Administration (BPA) Billing Credits that are available to qualified agricultural irrigation electric loads. Please fill in all the information that is requested below after carefully reviewing the Customer Load Eligibility Guidelines enclosed.

Return the completed form in the enclosed pre-paid envelope to:

<Utility Name>
Address
City, State, Zip Code

If you have any question, please call the <Utility Name> irrigation hotline at (XXX) XXX-XXXX.

Important Note: Each separate farm must be certified individually on a separate form. If you need additional forms, please make additional copies.

Section 1. Farm Information

Farm Name as it appears on your <Utility Name> electric bill:

Account Number(s) as they appear on your <Utility Name> electric bill:

Mailing Address as it appears on your <Utility Name> electric bill:

Farm Telephone Number:

Name of Farm Owner(s) (including individuals, partners and shareholders):

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 2. Customer Pumping System Site Numbers

List below all pumping system sites where the farm identified in Section 1 takes electric service for irrigating land primarily for agriculture.

Pump System Site Number/Location	Total Horsepower per Site	Utility Bill Account #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
Total Horsepower	_____	

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 3. Canal Company / Irrigation District / Joint Operating Entity

Is this farm associated with a canal company, irrigation district, or similar joint operating entity? Please circle the correct response.

Yes No

If your answer is "yes," please list the name of the entity(s).

What is your percentage ownership/operational share _____%. Number of Farm Shares Owned _____

Total canal company shares issued _____ and outstanding _____

Section 4. Lease Arrangements

Are you the lessee of any irrigated land that you farm? Please circle the correct response.

Yes No

Section 4. Lease Arrangements - continued

If your answer is “yes,” is your lease agreement a sharecrop or other type of lease arrangement? Please circle the correct response.

Sharecrop Other type

If your answer is “other type,” please list below all pumping system sites associated with such leased land where the farm identified in Section 1 or the lessor of the land takes electric service for irrigating land primarily for agriculture – **do not list sites that are already identified in Section 2.**

	Pump System Site Number	Total Horsepower per Site	Utility Bill Account #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
	Total Horsepower	_____	

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 5. New Farms Acquired

Farm Name / Location of farm: _____

Date Acquired: _____

Previous farm owner’s name: _____

Relationship of prior owner to new farm owner: _____

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 6. Farms Sold or Ownership Transfers

If you have sold or otherwise transferred land from your farm to any individual, partnership, corporation, or other entity within the last two years (CY 20XX-20XX), please complete the following table listing information related to the entity that purchased and/or received the land.

Farm Name / Location of farm: _____

Date Sold / Transferred: _____

New farm owner's name: _____

Relationship of new owner to prior farm owner: _____

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 7. Multiple Farms – Applying for Additional Monthly Limitations of 222,000 kWh

If you are applying for multiple separate farms with their own separate monthly limitation amounts, please list the additional farms below (information as it appears on the additional certification forms).

	Farm Name	Account Number	Total Pumping Horsepower
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
		Total Horsepower	_____

If additional space is required, please attach a separate sheet of paper with the required information referencing this section.

Section 10. Provision of Federal Tax Returns

Upon request by the BPA, the undersigned applicant agrees to provide BPA with copies of the Federal tax returns for the most recent two years for the farm(s) listed in Section 1 and Section 7. The confidentiality of this information will be maintained and respected. Only those with administrative oversight responsibility for administering this BPA program will review tax return information.

Section 11. Certification

By signing this certification, I affirm that all the information provided above is true and correct to the best of my knowledge and belief. I understand that any false statements made in this application may be subject to civil and criminal liability.

Signature _____ Date _____

In the event that BPA or <Utility Name> have questions related to this certification of claim form, they may contact the following individual:

Name _____ Telephone No. _____