

**Voluntary Irrigation Suspension Program Option (VISPO)
EAA
Enrollment Application**

_____ (Name)

_____ (Address)

_____ (City) _____ (State) _____ (Zip code)

Telephone (Home) _____ (Cell) _____

E-mail _____

VISPO Payment Schedule

Option	Fee	1	2	3	4	5	6	7	8	9	10
5-Year	Stand-by	50.00	50.75	51.51	52.28	53.06	N/A	N/A	N/A	N/A	N/A
	Implementation	150.00	152.25	154.53	156.84	159.18	N/A	N/A	N/A	N/A	N/A
10-year	Stand-by	57.50	57.50	57.50	57.50	57.50	70.20	70.20	70.20	70.20	70.20
	Implementation	172.50	172.50	172.50	172.50	172.50	210.60	210.60	210.60	210.60	210.60

5 - Year Program

Permit No.	Owner*		Authorized		Amount to Enroll		Balance	
	Y	N	Base	Unrestricted	Base	Unrestricted	Base	Unrestricted

10 - Year Program

Permit No.	Owner*		Authorized		Amount to Enroll		Balance	
	Y	N	Base	Unrestricted	Base	Unrestricted	Base	Unrestricted

*** if you are not the owner, please make sure the owner signs the enrollment application.**

Owner _____
(Signature)

(Date)

Agent _____
(Signature)

(Date)

Mail to: 900 E. Quincy, San Antonio, TX 78215

“VISPO”