

CONFIDENTIAL CROP REPORT - CASITAS MUNICIPAL WATER DISTRICT

1055 Ventura Avenue, Oak View, CA 93022

CLASS 3 SERVICE IRRIGATION CUSTOMER - YEAR 2026

CMWD Customer Acct. # _____

Water Company if not CMWD _____

Name of Owner: _____ # of Residents: _____

Mailing Address: _____

Address of Farm: _____

Phone: _____ FAX: _____ (Cell): _____

Email: _____ Own Property ☐ Yes ☐ No Lease Property ☐ Yes ☐ No

Source of irrigation supply other than from CMWD:

☐ Stream ☐ Spring ☐ Private Well - Operational Yes ☐ No ☐

Describe Type of Irrigation System Used: _____

Complete appropriate boxes in the following table. Field Boxes (FB) or Tons per acre for lands in commercial production during this past year.

			Units				Units
Crop	Acres	Production	Per Acre	Crop	Acres	Production	Per Acre
Navels			FB/Acre	Apricots			Tons/Acre
Valencias			FB/Acre	Apples			Tons/Acre
Lemons			FB/Acre	Xmas Trees			
Grapefruit			FB/Acre	Family Garden			
Tangerines			FB/Acre	Nursery			Tons/Acre
Avocados			Tons/Acre	Misc. Fruit			Tons/Acre
Walnuts			Tons/Acre	Olives			Tons/Acre
Hay			Tons/Acre	Pears			Tons/Acre
Grapes			Tons/Acre	Pears, Asian			Tons/Acre
Irrigated Pasture		Type:		Berries (Not strawberries)			Tons/Acre
Livestock/Horses				Strawberries			Tons/Acre
TOTAL				TOTAL			

Specify types of crops listed under Miscellaneous Fruit: _____

Specify types of livestock: _____ Specify number of horses: _____

If no production, indicate reason (e.g frost, new crop, etc.): _____

1. Breakdown of Acreage UNDER IRRIGATION:

(a) Total acreage of harvested crop and/or pasture **Sum of of both Totals**

above minus [1(b)+(c)]-2(a) below

(b) Acreage of crop **planted** but **not** harvested

(c) Acreage in soil building

(d) **TOTAL** acreage in **irrigation** rotation [(a)+(b)+(c)]

2. Breakdown of Acreage NOT UNDER IRRIGATION:

(a) Acreage of dry cropped

(b) Acreage of idle, fallow or grazed

(c) Acreage of farmsteads, roads, ditches, drains

(d) **TOTAL** acreage **NOT** in **irrigation** [(a)+(b)+(c)]

(e) **TOTAL** useable acreage in ownership [(1(d)+2(d))]

I hereby certify that the above information is true to the best of my knowledge.

Signature of Owner/Agent

Print Name

Date

If you have questions regarding the completion of this form, call Marti Ortiz (805) 649-2251 Ext. 149.

Email or fax completed, dated & signed form - mortiz@casitaswater.com, (805)-649-4485.

It is not necessary to mail an original.