



## 2016 Annual Registration Agricultural Water Quality

**Fee: \$100.00**

MAILING ADDRESS (please print):

Please make check or money order payable to:  
**COUNTY OF SAN DIEGO**

Return payment to:  
**AGRICULTURE, WEIGHTS & MEASURES**  
Attention: Agricultural Water Quality  
9325 Hazard Way, Suite 100  
San Diego, CA 92123

**Please Review, Sign, and Return this Form with Payment**

### FACILITY LOCATION INFORMATION

Check here if contact information has changed.  
Please indicate changes below.

COMPANY NAME			
FACILITY ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	BUSINESS PHONE NUMBER		
BUSINESS FAX NUMBER	MOBILE PHONE NUMBER		
FACILITY TYPE	HYDRO SUB-UNIT		

**Fee Authority** This billing reflects annual fees as authorized by the San Diego County Administrative Code Section 364.3 to implement the San Diego County Watershed Protection, Stormwater Management & Discharge Control

I certify that the information submitted in this application is **TRUE** and **CORRECT**

PRINT NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE

DATE

### Public Disclosure

We strive to protect personally identifiable information by collecting only information necessary to deliver our services. All information that may be collected at this site becomes public record that may be subject to inspection and copying by the public, unless an exemption in law exists. In the event of a conflict between this Privacy Notice and any County ordinance or other law governing the County's disclosure of records, the County ordinance or other applicable law will control.

### Access and Correction of Personal Information

You can review any personal information we collect about you. You may recommend changes to your personal information you believe is in error by submitting a written request that credibly shows the error. If you believe that your personal information is being used for a purpose other than what was intended when submitted, you may contact us. In all cases, we will take reasonable steps to verify your identity before granting access or making corrections. See Contact Information section.

### FOR OFFICE USE ONLY

TTWQ PRIORITY \_\_\_\_\_  
LOCATION ID \_\_\_\_\_  
ESA \_\_\_\_\_

Registered  
 Out of Business  
Check # \_\_\_\_\_

AWM STAFF INITIALS \_\_\_\_\_

STORMWATER  
REGISTRATION DATE \_\_\_\_\_