

# Lower Republican Natural Resources District

## Temporary Exemption from Occupation Tax

(Must be submitted by June 1, 2024- **NO EXCEPTIONS**)

Irrigation Season Year 2024

Landowner Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Operator Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

LRNRD Field ID or SW (surface water) \_\_\_\_\_ County \_\_\_\_\_ Parcel#(s) \_\_\_\_\_

Legal: Subsection \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Amount of Irrigated Acres that **will not be irrigated** (excluded from Occupation Tax) \_\_\_\_\_

**ACRES THAT ARE ENROLLED IN A PROGRAM (CREP, EQIP, AWEP, ETC) WILL BE AUTOMATICALLY EXEMPTED.**

Please attach a map and identify the acres not being irrigated. **A map from Frenchman/Cambridge or Bostwick will be required to show Surface Water irrigation status.**

I certify that the above-mentioned acres will not be irrigated in year **2024**

I also understand that the water allocated to those acres will be removed for year<sup>1</sup> **2024**

<sup>1</sup>(groundwater only; acres enrolled in programs such as CREP, EQIP, and AWEP receive no allocation for the duration of the program)

**All groundwater irrigated acres exempted from the occupation tax will receive no allocation for that year!**

\_\_\_\_\_  
Signature of Landowner\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Operator\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LRNRD Representative\*

\_\_\_\_\_  
Date

*\*By signing, I agree and certify that the information is correct. I have the right to exempt the acres identified. Further, I agree and understand that it is my responsibility to notify all interests that the acres identified will not be irrigated. I also understand that irrigating exempted acres is a violation of the LRNRD rules and regulations and strict district penalties apply and by signing I acknowledge notification and understanding of LRNRD rules and regulations. Additionally, I understand that the LRNRD will check acres exempted above for non-irrigation status and agree to onsite or aerial spot checks.*

Notice: Pursuant to Neb. Rev. stat. Section 28-915.01, any person who knowingly makes a false statement or affirms the truth of a statement to mislead a public servant in performing his or her official functions shall be guilty of a Class I misdemeanor.

Return Form to: LRNRD

PO Box 618

ALMA, NE 68920-0618