

ONLINE APPLICATION FORM AVAILABLE AT SRPNET.COM/SHAREHOLDERCOMP

2015 SRP SHAREHOLDER COMPENSATION APPLICATION

The undersigned hereby submits the following Application for Compensation. I understand that the information I am providing will be relied upon by the Salt River Project Agricultural Improvement and Power District (SRP) to determine the amount of any compensation to which I may be entitled.

INSTRUCTIONS

- 1. Please print or type.
2. Applications must be received on, received before, or postmarked by September 6, 2016. NO LATE APPLICATIONS WILL BE ACCEPTED (metered postmarks received after September 6, 2016, are unacceptable).
3. A letter confirming receipt of your application will be sent to you.
4. If you have any questions or need assistance in completing this application, please call (602) 236-8888, Monday-Friday, 7:00 a.m. to 7:00 p.m. Si quiere usted contestación a sus preguntas en español, llame a La Línea, (602) 236-1111, de lunes a viernes, de 7:00 a.m. a 7:00 p.m.
5. Completed applications should be submitted online or mailed to SRP, Shareholder Compensation, P.O. Box 29077, Phoenix, AZ 85038-9077.

\* Choose one:

[ ] RENT [ ] OWN [ ] RELATED TO OWNER

What is your relationship to owner? \_\_\_\_\_ Name of the owner(s): \_\_\_\_\_

NOTE: If ownership is held in a trust, the trustee MUST sign the application. In order to expedite processing, please mail the trust documents identifying the trustor and trustee to the above address whether application is submitted online or sent by U.S. Mail.

SH Applicant's Name \_\_\_\_\_
Spouse/Co-applicant's Name \_\_\_\_\_
Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_

15% Residential Address in Eligible Area for which Application for Compensation is made:
Street Numb. Dir. Street Name Suffix Suffix Dir. Unit # City State ZIP+4
Tax Parcel ID No.1 \_\_\_\_\_
Dates on which you OWNED THE LAND for the above address: From \_\_\_\_\_ to \_\_\_\_\_
Dates on which you OCCUPIED the above residence on the land: From \_\_\_\_\_ to \_\_\_\_\_

APS Arizona Public Service Co. (APS) Account No: \_\_\_\_\_
Have you transferred ownership of this residence? \_\_\_\_\_, if yes, date of transfer \_\_\_\_\_

What is your mailing address?

DUP P.O. Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_ Country \_\_\_\_\_

VERIFICATION

I have answered the questions contained in this application fully and truly to the best of my knowledge. I owned and resided in the Eligible Residence described above during 2015. Therefore, I believe I was a Qualifying Shareholder of the Salt River Valley Water Users' Association. I consent to the release of information by APS concerning my past or current billing history to process this application. I further consent and agree to any reasonable request by SRP intended to verify the information contained herein, or submitted by me in support of this application.

Date \_\_\_\_\_ Signature of Applicant/Trustee \_\_\_\_\_

1 Tax Parcel ID No. can be found on the Maricopa County Assessor website, your deed or property tax statement.