

South Platte Water Related Activities Program, Inc.

Industrial (Class I) Membership

2010 Reporting Form & Assessment Invoice

A. Instructions

Please fill in items A thru C on this form including the boxes provided below to calculate the assessment. Send payment to the address listed at the bottom of this form.

Industrial Member Entity _____
Address _____
email Address _____
Phone Number _____
Submitted By _____
Title _____ Date _____

B. Calculation of Annual Assessment

1. Total Acre-feet Diverted in the Previous Year

This is the total acre-feet of diversions in the prior year by the industrial member.

2. SPWRAP Member Units

Six membership units per each acre-foot diverted. (Multiply "1" by 6)

3. SPWRAP Assessment per Unit

This is the set assessment rate per member unit for 2010.

4. Calculated Assessment

Total amount due. (Multiply "2" by "3")

5. Minimum Assessment:¹

6. 2010 SPWRAP Assessment

Enter larger of line 4 or 5 above

If you are paying your assessment for all remaining years of the PRRIP "First Increment" as described in Note 1, check here

C. Payment of Assessment (Due by March 1st in 2010)

Payment of the annual assessment will provide membership in SPWRAP and coverage under the Platte River Recovery Implementation Program through calendar year 2010.

Please make check payable to "SPWRAP" and send to the following address:²

**SPWRAP
% Northern Colorado Water Conservancy District
220 Water Avenue
Berthoud, Colorado, 80513**

¹ SPWRAP has established a minimum annual assessment of \$50. Also, a member whose annual assessment is \$200 or less has the option of making a one-time assessment payment that is thirteen times (the length of the Program first increment) their calculated annual assessment. If a member's calculated annual assessment is \$2, thirteen times that amount would be \$26. However, since the minimum assessment is \$50, the member pays \$50 one time and is covered for the first increment of the Program. If a member's calculated annual assessment is \$6, the member can either pay \$50 each year, or make a one-time assessment payment of \$78 (\$6 x 13). Members should consider the possible benefits of making a one-time payment.

² If your entity requires a separate invoice please mail completed form to the above address or fax the form to 970-482-1486

**Notes: This reporting form may be revised in the future to reflect information needed to comply with Program requirements. Entities electing to join after 2007 will be required to pay the assessment for the year they join the program. In addition the new member must pay assessments for all prior years of the program, plus 4% interest, compounded annually.*