



Aquifer Storage & Recovery (ASR) Forbearance Program Enrollment Form

Entity Name: _____

Contact Person and Title: _____

Contact Address: _____

Telephone Number: _____ Email: _____

ASR Program Term	Payment (\$/acre-foot per year)
3-Years (2026-2028)	*\$100

**Amount paid per acre-foot remains the same regardless if forbearance is required.*

☐ Yes, I would like to enroll my water into a 3-Year term.

☐ I no longer wish to participate in the ASR Program.

If you wish to enroll in the ASR Forbearance Program, please provide your permit information below including the amount of base irrigation or unrestricted groundwater rights you wish to enroll.

Permit Number	Enrollment Amount (acre-ft.)	Base Irrigation Amount (acre-ft.)	Unrestricted Amount (acre-ft.)

Permittee or Agent Signature: _____ Date: _____

Please return enrollment form to 900 E. Quincy, San Antonio, TX 78215 or email to Javier Hernandez, Special Projects Liaison, at jhernandez@edwardsaquifer.org no later than **December 1, 2025**. Please note, completion of this enrollment form is not a binding agreement. Upon receipt of your enrollment form a formal ASR agreement documents will be mailed to you to complete the enrollment process. The ASR agreement must be approved by the EAA Board of Directors to become effective.