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OMB CONTROL NO.: 1006-0005

FORM 7-21FC 2008

(7-07)

BUREAU OF RECLAMATION

SELECTION OF FULL-COST LAND

For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

Districts must complete the "District Name" and "Date Received" boxes.

District Name

DATE RECEIVED:

Help - Date Received Block

Do not use this form after December 31, 2008. It is important that you read the separate instructions that accompany this form before completing it. If you did not receive these instructions, please contact your district office. Type or print in ink. Date and initial crossouts and corrections. Visit www.usbr.gov/rra for more information.

1. Landholder name:

2. Spouse name, if married:

3(a). Landholder's, trustee's, executor's, or administrator's street address or rural route number, city, state, and ZIP code:

3(b). Mailing address if different from street address:

4(a). Telephone number where questions can be directed: ( )

4(b). Contact person:

5. Landholder's nonfull-cost entitlement: ☐ 0 Acres ☐ 160 Acres ☐ 320 Acres ☐ 960 Acres ☐ Other: _____Acres ☐ Trust or Estate

6(a). **Entities only:** If the reason for completing this form is due solely to a part owner's need to select land as full-cost, identify the part owner(s):

6(b). **Trusts/Estates only:** Identify the attributed direct/indirect landholder(s) who exceeds their nonfull-cost entitlement, causing the trust/estate to complete this form:

7. List all directly held land selected to receive Reclamation irrigation water at nonfull-cost rates. Refer to the separate instructions for further guidance regarding the use of columns (d) and (e). For additional space, use attachments.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)	(c) Actual Acres	(d) Class 1 Equivalency Factor	(e) Class 1 Equivalent Acres

8. List all indirectly held land selected to receive Reclamation irrigation water at nonfull-cost rates. This information must be obtained from the direct landholder's "Selection of Full-Cost Land" (Form 7-21FC) if such a form has been completed by the direct landholder. Refer to the separate instructions for further guidance regarding column (c). For additional space, use attachments.

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(a) District Name	(b) Direct Landholder (Entity, Trust, or Estate Name)	(c) Acres Selected as Nonfull-Cost by the Direct Landholder	(d) Type of Acres Included in Item 8(c): (check one)		(e) Percentage Attributed to This Landholder	(f) Number of Nonfull-Cost Acres Attributed to This Landholder (c X e)
			Actual	Class 1 Equivalent		

9. TOTAL NONFULL-COST ACREAGE TO RECEIVE WATER AT NONFULL-COST RATES (use the workspace provided in the instructions for item 9 to calculate this total):

10. If the total nonfull-cost acreage in item 9 is greater than this landholder's nonfull-cost entitlement, please explain why:

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11. LANDHOLDER NAME:

If using attachments, READ

12. List directly or indirectly held land that is not receiving Reclamation irrigation water. For additional space, use attachments.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number (s) for Directly Held Land	(c) Name of the Direct Landholder for Indirectly Held Land	(d) Actual Acres Selected by the Direct Landholder as Not Receiving Reclamation Irrigation Water	(e) Percent of Actual Acres Attributable to This Landholder	(f) Not Irrigated	(g) Receiving Nonproject Water	(h) Number of Actual Acres (d X e)

13. TOTAL NUMBER OF ACTUAL ACRES THAT ARE NOT RECEIVING RECLAMATION IRRIGATION WATER

14. List directly held land for which the full-cost rate will be paid. For additional space, use attachments.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)	(c) Number of Actual Full-Cost Acres

15. TOTAL NUMBER OF ACTUAL ACRES THIS LANDHOLDER DIRECTLY HOLDS FOR WHICH THE FULL-COST RATE WILL BE PAID

16. List indirectly held land for which the full-cost rate will be paid. This information must be obtained from the direct landholder's "Selection of Full-Cost Land" (Form 7-21FC). Refer to the separate instructions for further guidance regarding column (c). For additional space, use attachments.

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(a) District Name	(b) Direct Landholder (Entity, Trust, or Estate Name)	(c) Actual Acres Selected as Full-Cost by the Direct Landholder	(d) Percentage Attributed to This Landholder	(e) Number of Full-Cost Acres Attributed to This Landholder (c X d)

17. TOTAL NUMBER OF ACRES THIS LANDHOLDER INDIRECTLY HOLDS FOR WHICH THE FULL-COST RATE WILL BE PAID

18. TOTAL FULL-COST ACREAGE (this is the sum of item 15 and item 17)

19. SIGNATURE(S)

This form must be signed and dated as well as the standard form it accompanies. The spouse of a married, individual landholder must sign this form. This requirement applies even if the land is not jointly held. You may use a written spousal signature authorization to permit one spouse to sign for the couple. All partners, joint tenants, or co-tenants must sign this form. However, a written signature authorization may be used to permit one natural person to sign for the entity. All trustees, executors, or administrators must sign this form unless the trust or a power of attorney authorizes one individual to sign for the trust or estate.

Signature of Landholder, Authorized Agent, Trustee, Executor, or Administrator — Date — Agent's Title (if applicable) or Other Required Signature and Date

Spouse's Signature or Other Required Signature — Date — Other Required Signature — Date

Other Required Signature — Date — Other Required Signature — Date

PLEASE RETURN THIS FORM TO THE APPROPRIATE DISTRICT OFFICE(S).

Please read

Print Form

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