



# Chaffee County Fire Protection District

499 Antero Circle  
Buena Vista, Colorado 81211

## APPLICATION: Payment In Lieu of Water Supply

**Date:**

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**Name of Applicant:**

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**Mailing Address:**

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**Phone Number:**

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**Name and Location of Project:**

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**Reason for Request:**

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**Signature:**

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For office use only:

Date: \_\_\_\_\_ Request Accepted: \_\_\_\_\_ Request Denied: \_\_\_\_\_

If accepted – Payment Amount Required: \_\_\_\_\_

Name of Reviewing Party: \_\_\_\_\_