



## District Permanent Water Right Transfer Supplemental Form D

### WATER RIGHTS ISSUED IN THE NAME OF OR WITHIN THE BOUNDARIES OF A DISTRICT

The Department encourages applicants to coordinate with districts during the planning and preparation of transfer applications involving water rights issued in the name of a district or involving the transfer of water rights located within the boundaries of a district.

This form must be included with your transfer application if the transfer involves rights issued in the name of a district or rights located within district boundaries. This form can be used for both permanent and temporary transfers.

#### 1. APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ \*\*E-Mail address: \_\_\_\_\_

#### 2. DISTRICT INFORMATION

District Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ \*\*E-Mail address: \_\_\_\_\_

**\*\* By providing an e-mail address, the district and the applicant consent to receive all correspondence from the Department electronically. Copies of the final order documents will also be mailed.**

**3. WATER RIGHT(S) ISSUED IN THE NAME OF A DISTRICT(S) OR LOCATED WITHIN THE BOUNDARIES OF A DISTRICT**

List the water right(s) involved in this transfer:

	<b>Application / Decree</b>	<b>Permit / Previous Transfer</b>	<b>Certificate</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			

**4. DISTRICT CONCURRENCE WITH PROPOSED WATER RIGHT TRANSFER**

The district certifies the following:

- (1) The applicant has conferred with the district about the proposed water right transfer application;
- (2) The district has reviewed the applicant’s proposed water right transfer application and maps; and
- (3) The district concurs with the proposed water right transfer application.

\_\_\_\_\_

District Manager Signature

Name (print)

Date