

**REQUEST FOR WITHDRAWAL OF CLAIM
WITH FILING FEES APPLIED TO APPLICATION FOR PERMIT**

Name of Claimant: _____

Mailing Address: _____

Amount: _____ Receipt No.: _____

Claim No(s): _____

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I/We previously paid a filing fee to the Idaho Department of Water Resources. I request the filing fee I/We paid on the receipt referenced above be applied to filing an Application for Permit.

For Individuals:

_____	_____
(Signature of Claimant)	(Date)
_____	_____
(Signature of Claimant)	(Date)

For Organizations:

_____	_____
(Signature of Authorized Agent)	(Date)

(Title)	

(Name of Organization)	

Return to: Idaho Department of Water Resources
Adjudication Bureau
P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

	<u>Initials</u>	<u>Date</u>
Approval Region	_____	_____
Approval State Office	_____	_____
Data Entry	_____	_____

6/30/09