

CHANGE IN ADDRESS OF NOTICE OF CLAIM

Adjudication Claim Number(s): _____

Previous Mailing Address: _____

New Mailing Address: _____

Telephone Number: () _____

Signature of all Claimant(s): _____

Please print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

**Idaho Dept. of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Ph. 208/762-2800 or
FAX 208/762-2819**

**Idaho Dept. of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Ph. 208/334-2190 or
FAX 208/334-2348**

**Idaho Dept. of Water Resources
650 Addison Ave W., Ste. 500
Twin Falls, ID 83301-5858
Ph. 208/736-3033 or
FAX 208/736-3037**

**Idaho Dept. of Water Resources
900 N. Skyline, Ste. A
Idaho Falls, ID 83402-3653
Ph. 208/525-7161 or
FAX 208/525-7177**

**Adjudication Section
Idaho Dept. Of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Ph 208/287-4800
FAX 208/287-6700**

**Idaho Dept. of Water Resources
Preston Field Office
325 East 600 South, Ste. 300
Preston, ID 83263-4921
Ph 208/701-7200**