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 Dept. of Water Resources
900 N. Skyline Dr. Ste A
Idaho Falls, ID 83402-1718

or

Idaho Dept. of Water Resources
Adjudication Section
P.O. Box 83720
Boise, ID 83720-0098

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For IDWR Use

	Initials	Date
Approval Region Approval	_____	_____
State Office Data Entry	_____	_____
Data Entry	_____	_____