

**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)
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(Signature of Claimant)	(Date)
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For Organizations:

(Signature of Authorized Agent)	(Date)
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(Title)

(Name of Organization)

Return to:	Idaho Dept. of Water Resources 7600 N. Mineral Dr. Suite 100 Coeur d'Alene, ID 83815	or	Idaho Dept. of Water Resources Adjudication Section P.O. Box 83720 Boise, ID 83720-0098
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For IDWR Use

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