

**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 Idaho Dept. of Water Resources
325 E 600 S Ste 300 **or** Adjudication Section
Preston, ID 83263-4921 P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

	<u>Initials</u>	<u>Date</u>
Approval	_____	_____
Data Entry	_____	_____