

**REQUEST FOR WITHDRAWAL OF CLAIM
WITH OPTION TO REQUEST FILING FEE REFUND**

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. I do ___/ do not ___ request a refund of the filing fee. *** **If a refund is requested, I have attached an explanation of the justification for granting a refund.*****

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
7600 N. Mineral Dr. Suite 100 **or** Adjudication Section
Coeur d'Alene, ID 83815 P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

Initials

Date

Approval _____
Data Entry _____