## STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

## **ASSIGNMENT OF APPLICATION FOR TRANSFER**

To change the ownership of an application for transfer

**Page 1** of 2 is to be completed by the current transfer applicant. Notarization required. **Page 2** of 2 is to be completed by the new transfer applicant. Notarization not required.

I,			, hereby assigr	n to
Current Applicant(s)				
New Applicant(s)				
of, Mailing address				
Mailing address				
City	State	ZIP	Telephone No.	
All my right, title, and	interest in and to A	Application	n for Transfer No	
Made this day of		, 20	<u>          .           .</u> .	
Signature of Current Applicant or A	authorized Representative	;	Print Name and Title (if applicable)	
Signature of Current Applicant or A	Authorized Representative	,	Print Name and Title (if applicable)	
State of Idaho County of	) )ss			
	, 2 ily acknowledged to	20, pers me that he/	sonally appeared before me the signer(s) of she/they executed the same.	
SEAL	ī	Notary Publ	lic	
	Ν	My commission expires:		

## STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

## **ASSIGNMENT OF APPLICATION FOR TRANSFER**

Iame of New Applicant(s)  Phone						
Mailing address:						
City	State Z	ip Email				
	sign or act on behalf of the applican	d to do business in the State of Idaho, attac ht.	ch documentation identifying officers			
Additional fe		epartment records do not show the transfe hip changes; see <u>fee schedule</u> on application	er applicant as the current water right owner. on for transfer instructions.			
showing land Additional fe	and water right ownership at the ne	a result of the proposed transfer to a new we place of use. Include documentation fo hip changes; see fee schedule on application	r all affected land and owner(s).			
Attach docur Label it Atta	• •	roposed change if the applicant is not the v	water right owner.			
Provide contact inf No Represen		ney, or any other person is representing the	e applicant in this transfer process.			
Name of Representati	ve	Phone				
Mailing address		Email				
OR	espondence for this application to th l correspondence to the applicant and	e representative and not to the applicant. d copies to the representative.				
OR	-	e applicant but is not authorized to sign for				
	tative is authorized to sign for the applicant and label it <b>Attachment</b> #4	pplicant. Attach a Power of Attorney or ot	her documentation providing authority to			
use of the original ri	ight(s). The information containe		anges do not constitute an enlargement in of my knowledge. I understand that any r cancellation of an approval.			
Signature of Applicar	t or Authorized Representative	Print Name and Title if applicable	Date			
Signature of Applicar	t or Authorized Representative	Print Name and Title if applicable	Date			

**NOTE:** Include the appropriate attachments and fee(s) identified above with this assignment form.