

STATEMENT OF CLAIMANT FORM

FOR

DOMESTIC USE

AGUA FRIA RIVER WATERSHED
ABOVE CAMP DYER DAM

SUPERIOR COURT OF MARICOPA COUNTY

For Departmental Use Only

File No. 39-

Date Filed:

WFN

1. Claimant Name:
Claimant Address: City
State: Zip Code Telephone

2. Basis of Claim:

- A. Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No.
B. Appropriation Right acquired after June 12, 1919. Application No. Permit No. or Certificate of Water Right No.
C. Decreed water right. Principal litigants, court, date and case no.
D. Right to withdraw groundwater. Grandfathered Right No.
E. Other, describe:

3. Claimed Priority Date: / / (month/day/year)

4. Source of Water:

- A. Stream: name, tributary to
B. Spring: name, tributary to
C. Lake or Reservoir: name, tributary to
D. Groundwater.

5. A. Legal description of the Point of Diversion:

County, Section, Township N/S, Range E/W
Legal Subdivision:

B. Legal description of the Place of Use: (one of the following)

County, Section, Township N/S, Range E/W
Legal Subdivision:
Parcel I.D., or
Subdivision Name Block No. Lot No.

6. If there are Irrigation, Stockpond or Other Uses supplied from the point of diversion, describe:

7. Means of Diversion:

- A. Instream pump.
B. Gravity flow into a ditch, canal or pipeline.
C. Well: Arizona Department of Water Resources Well Registration No. 55-
D. Other, describe:

8. Number of persons \_\_\_\_\_ or dwellings \_\_\_\_\_ served by this use.

9. Annual Volume Claimed: \_\_\_\_\_ acre-feet

10. It may be necessary for a representative from the Department of Water Resources to inspect the place of use and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant \_\_\_\_\_

11. Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person? \_\_\_\_\_  
\_\_\_\_\_

12. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if required)

13. Attach Filing Fee to Form. Mail form(s) and fee(s) to:

AZ DEPT OF WATER RESOURCES  
ADJUDICATIONS  
PO BOX 36020  
PHOENIX AZ 85067-6020

14. Notarized Statement:

I (We), \_\_\_\_\_  
the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(seal)

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

or, \_\_\_\_\_  
Authorized Personnel of the Department of Water Resources