ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Section
3550 North Central Ave, Phoenix, Arizona 85012
Telephone (602) 771-8585
Fax (602) 771-8689

LONG-TERM STORAGE CREDIT TRANSFER FORM A.R.S. § 45-854.01

For Official Use Only

DATE RECEIVED: _____

[FOR SELLER]

_____
Name of Seller

_____
Long-Term Storage Account No.

_____
Contact Person/Telephone Number

_____
Facility Permit Number (where source water was stored)

_____
Mailing Address

_____
Water Storage Permit Number (authority to store source water)

_____
City/State/Zip

Number of long-term storage credits (in acre-feet) transferred by type(s) of water and year credits were earned.

Type: _____acre-feet_____ year earned_____
Type: _____acre-feet_____ year earned_____

[FOR BUYER]

_____
Name of Buyer

_____
Contact Person/Telephone Number

_____
Mailing Address

_____
City/State/Zip

_____
Long -Term Storage Account No. (if any)

If the transfer includes long-term storage credits earned from the storage of Central Arizona Project (CAP) water in an Active Management Area (AMA), please state:

1. The date of Buyer's formation (if Buyer is a legal entity): _____.

2. The amount of groundwater withdrawn by Buyer in the AMA during the calendar year that the credits were earned:
   _____.

   a. The groundwater right number(s) the Buyer withdrew the groundwater pursuant to:
      _____

Pursuant to A.R.S. § 45-854.01(C), the director of the Arizona Department of Water Resources may reject and invalidate any assignment of long-term storage credits in which the stored water would not have met the requirements for long-term storage credits as prescribed by A.R.S. § 45-852.01 if the assignee had stored the water.

The undersigned hereby certify, under penalty of perjury, that the information contained in this report is, to the best of their knowledge and belief, correct and complete and that they are authorized to sign on behalf of the party for whom their signature appears.

_____
Authorized Signature for Seller DATE

_____
Authorized Signature for Buyer DATE

_____
Title

_____
Title