

STATEMENT OF CLAIMANT FORM
FOR

DOMESTIC USE

UPPER SALT RIVER WATERSHED
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:

_____ 1/4, _____ 1/4, _____ 1/4, of the Section

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

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

_____ 1/4, _____ 1/4, _____ 1/4, of the Section, or

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