For Departmental Use Only

File No. 39- _____

Date Filed: _____

WFN _____

STATEMENT OF CLAIMANT FORM
FOR
DOMESTIC USE
VERDE RIVER WATERSHED
SUPERIOR COURT OF MARICOPA COUNTY

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
ADJUDICATION SECTION
PO BOX 458
PHOENIX AZ 85001-0458

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