STATEMENT OF OBJECTION

This form shall be submitted to the Department as provided below.

By mail or hand-delivered no later than **January 6, 2027** By email or fax by midnight on **January 6, 2027** to the attention of:	Docket Supervisor Arizona Department of Water Resources 1110 W. Washington, Suite 310 Phoenix, AZ 85007 602-771-8686 (f) docketsupervisor@azwater.gov

1. Objector's Name _____

   Mailing Address _____

   City _____ State _____ ZIP _____

   Phone number _____ Email: _____

Objections may only be submitted by residents of the Willcox AMA. If your mailing address is not your residence, please also provide the address of your residence:

   Address _____

   City _____ State _____ ZIP _____

2. Applicant Name _____

3. Application Number _____

4. Check one or both:

   ☐ Incorrect information provided in the application

   ☐ Insufficient information provided in the application

Please provide an explanation of your objection below. Attach additional pages if necessary. Pursuant to Arizona Revised Statutes § 45-479, objections may be made only on the basis of incorrect or insufficient information submitted with the application.

_____

Signature of Objecting Party or Representative Date
(If representative, provide authority)

Explanation of Objection (attach additional pages if needed):