

**CONSERVATION DISTRICT TERMINATE
RESERVED WATER USE AUTHORIZATION FORM**

§85-2-316, MCA
Form No. 111 (8/2024)

For Conservation District Use Only

Water Use Authorization # _____
Date Received _____
Time Received _____
Fee Received _____
Received By _____

When to use this form:

- Use this form to notify the Conservation District a request to terminate a Reserved Water Use Authorization.

Filing Fee:

- Contact the Conservation District for the filing fee schedule.

Important Information:

- In submitting this form, you are requesting all rights and privileges stipulated in this Reserved Water Use Authorization to be relinquished.
- This agenda item will be discussed at an upcoming Board Meeting. Notifications will be in writing after the meeting.

Conservation District Name: _____

CD Water Reservation No. _____ Water Use Authorization No. _____

Authorization Holder Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Numbers: _____ Cell _____

Email Address: _____

I/we, _____,

hereby request the relinquish all rights and privileges under Water Use Authorization number _____.

The reason for this request is:

___ This water use authorization was never completed or put to beneficial use.

___ This water use authorization has not been used for _____ years.

___ Other _____

Authorization Holder Signature

Date

Authorization Holder Signature

Date

Authorization Holder Signature

Date

Notary Public or Authorized Officer

State of Montana

County of _____

Signed and sworn before me this _____ day of _____, 20 ____.

By _____

Printed Name of Authorization Holder

(Seal/Stamp)

Signature of Notary or Authorized Officer