



**Water Resources Program**  
**Voluntary Relinquishment of a Water Right**  
**Check appropriate boxes below**

- Full Relinquishment     Partial Relinquishment  
 Surface Water     Groundwater     Reservoir

Contact Name:		Water Right Number:	
Address:			
City:		State:	Zip:
E-mail Address:		Telephone Number:	

**Full Relinquishment**  
 I (we) relinquish Water Right Number \_\_\_\_\_ to the State of Washington.

**Partial Relinquishment**  
 I (we) relinquish a portion of Water Right Number \_\_\_\_\_ described as follows: *(Describe quantity, purpose, place of use to be relinquished).*

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**Legal Description of the Place of Use:** *(This information may be found on a real estate contract, property deed, or title insurance policy).*

1/4	1/4	Section	Township	Range	County	Parcel Number
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Do you own all the land in the place of use?  Yes  No If no, provide the following:

Owner Name(s):		
Address:		
City:	State:	Zip:
E-mail Address:	Telephone Number:	

I (we), \_\_\_\_\_, am (are) the holder(s) of the above referenced water right.

**The following statements are true, to the best of my knowledge:**

- I (we) are not aware of any changes, sales, or transfers of this water right to another party.
- I (we) have no further requirement to put to beneficial use any or the portion of the water right described above.
- I (we) agree to relinquish all or the portion of the water right described above.
- I (we) understand that based on the above information the Department of Ecology may issue an Order of Relinquishment.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

} §

County: \_\_\_\_\_

I hereby certify that I know or have satisfactory evidence that

\_\_\_\_\_ is (are) the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this document.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Printed Name:

Seal  
or  
Stamp

\_\_\_\_\_  
My Appointment Expires:

\_\_\_\_\_  
Notary Public Signature:

**Submit this form to the Regional Office serving your area:**

<p><b>Northwest Region Office</b>                  PO Box 330316                  Shoreline, WA 98133-9716                  (206) 594-0000</p>	<p><b>Central Region Office</b>                  1250 W. Alder Street                  Union Gap, WA 98903-0009                  (509) 575-2490</p>
<p><b>Eastern Region Office</b>                  4601 N. Monroe Street                  Spokane, WA 99205-1265                  (509) 329-3400</p>	<p><b>Southwest Region Office</b>                  PO Box 47775                  Olympia, WA 98504-7775                  (360) 407-6300</p>



*ECY 040-1-100 (Rev 02/2023) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341*