Department of Ecology

***ECOLOGO-G***

**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****).*

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **¼** | **¼** | **Section** | **Township** | **Range** | **County** | **Parcel Number** |

*.*

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: |
| My Appointment Expires:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Notary Public Signature: |

Seal

or

Stamp

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

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

