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<input type="checkbox"/> District Court Water Division _____, Colorado Court Address: _____	
<b>CONCERNING THE APPLICATION FOR WATER RIGHTS OF:</b>  IN _____ COUNTY.	
	<b>▲ COURT USE ONLY ▲</b>
If Represented by an Attorney, Attorney's Name and Address:  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR CHANGE OF WATER RIGHT</b>	

1. Name, address, telephone number(s) (residence and business of applicant(s))  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Decreed name of structure for which change is sought: (indicate whether ditch, well, springs, reservoir, etc.)  
\_\_\_\_\_
3. From previous Decree:
  - A. Date Entered: \_\_\_\_\_ Case No. \_\_\_\_\_ Court: \_\_\_\_\_
  - B. Decreed point of diversion (include map): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - C. Source: \_\_\_\_\_
  - D. Appropriation Date: \_\_\_\_\_ Amount: \_\_\_\_\_
  - E. Historic use: (Include a description of all water rights to be changed, a map showing the approximate location of historic use of the rights and records or summaries of records of actual diversions of each right the applicant intends to rely on to the extent such records exist.)
4. Proposed change: (a) describe change requested: alternate point of diversion/replacement/change of use; (if well, please list pertinent information from well permit) (b) location; (c) use; (d) amount; (e) give proposed plan for operation (if (b) thru (e) applicable, please give full descriptions.)

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If a change in point of diversion, please provide legal description, and include distance and bearing from established government section corner or quarter corner; or distances from section lines, and indicate ¼ ¼, section number, township, range and meridian; include map). The location may include UTM coordinates based on Zone 13 and NAD27(CONUS) datum. In urban areas, include street address, lot, block, and subdivision:

<b>Required Description:</b> County	_____ 1/4 of the	_____ 1/4	Section	Township N or S <input type="checkbox"/> <input type="checkbox"/>	Range E or W <input type="checkbox"/> <input type="checkbox"/>	Principal Meridian
Distance from section lines (section lines are typically not property lines) _____ Feet from <input type="checkbox"/> N <input type="checkbox"/> S and _____ Feet from <input type="checkbox"/> E <input type="checkbox"/> W						
Street Address: _____						
Subdivision:		Lot		Block		

**Optional Additional Description:** GPS location information in UTM format

Required settings for GPS units are as follows: Format must be UTM; Zone must be 13; Units must be Meters Datum must be NAD27 (CONUS) and; Units must be set to true north.

Were points averaged? <input type="checkbox"/> YES <input type="checkbox"/> NO	Northing _____ Easting _____
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5. Name(s) and address(es) of owner(s) of the land on which structure is or will be located, upon which water is or will be stored, or upon which water is or will be placed to beneficial use.

\_\_\_\_\_  
Signature of Applicant (or Attorney)

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Telephone No.

I, \_\_\_\_\_, state under oath that I have read this application and verify its content.

\_\_\_\_\_  
Applicant

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public