

Submit original plus three copies

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

1. Name, mailing address, telephone number(s) of Opposer:

2. State facts as to why the application should not be granted or why it should be granted only in part or on certain conditions: (Add additional sheets as necessary.)

Signature of Opposer (or Attorney)

Address of Opposer

Telephone No.: _____

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

Signature of Opposer

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

My commission expires: _____

Notary Public

SEE REVERSE FOR CERTIFICATE OF MAILING

Submit original plus three copies

CERTIFICATE OF MAILING

I certify that the Statement of Opposition in the captioned case was served on the following by placing a copy of it in the United States Mail, first-class postage prepaid, on (date) _____, addressed as follows:

Signature