

PART 3 – SIGNATURES

Name of Water Right Holder or Authorized Representative

Authorized Representative Name

Mailing Address

City

State

Zip

Home Phone

Cell Phone

Office Phone

Email Address

I certify that I am the holder of the above water right or the approved representative. The information contained in this form is true and accurate to the best of my knowledge.

Signature

Date

Water Right Holder

Authorized Representative

PART 4 – SEND YOUR COMPLETED FORM TO ECOLOGY

Submit this form to:

Northwest Regional Office

3190 – 160th Avenue SE
 Bellevue, WA 98008-5452
 (425) 649-7000

Central Regional Office

1250 W. Alder Street
 Union Gap, WA 98903
 (509) 575-2490

Eastern Regional Office

4601 North Monroe Street
 Spokane, WA 99205-1295
 (509) 329-3400

Southwest Regional Office

PO Box 47775
 Olympia, WA 98504-7775
 (360) 407-6300



If you need this document in a format for the visually impaired, call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341