

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

- Water Right Holder
 Authorized Representative

Date

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

