STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS CONTACT INFORMATION UPDATE FORM

This form is the official method for existing water right owners to notify the State Water Resources Control Board of contact information or agent changes for water right applications, permits, licenses, or registrations. To comply with regulations, submit this form within 30 days of the contact information change. Failure to do so could result in fines of up to \$500 per day (Cal. Code Regs., tit. 23, § 915). Please complete the form timely to avoid penalties.

Submit this	form	by:
-------------	------	-----

Email to: changerequest@waterboards.ca.gov; or

By fax to: (916) 341-5400.

1. Water Right ID(s) associated with this contact information update:

2.	Update the contact information for (ch	neck one):	Owr	ier□ Ag	ent □	
	Name:					
	Address:					
	City, State, Zip:					
	Phone Number:	Emai	l:			
	Should all correspondence be sent to	this party?	(Check one	e): Ye	s□	No □
3.	If you selected "No" in response to quall correspondence should be sent to		ovide the con	tact informa	tion for the	e person that
	Name:					
	Address:					
	City, State, Zip:					
	Phone Number:					
	Indicate whether this is an Owner or	Agent (checl	k one):	Owner□	Agent	
4.	Additional information or other instruc	tions regard	ling this chan	ge, if any:		