## NOTICE OF INTENT TO APPEAR

name of party or pa	plans to participate in th rticipant)	e water right hear	ing regarding
(Name of Res	spondent) Hearing ID #)		
	scheduled to commence on February 22, February 23, March 3, or M	arch 4, 2016	
I/we intend to par I/we plan to call t	(1) of the following two boxes: ticipate by cross-examination or rebuttal only the following witnesses to testify at the hearing fully completed if this box is checked)	•	(1) row of Ta
NAME	SUBJECT OF PROPOSED TESTIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
) Fill in the follow	uired, please add additional pages.)  ing information of the Participant, Party,	Attorney, or Othe	er
1ailing	):		
	Fax Number:		
-mail Address:			
optional: ☐ I/we <u>decline</u> elect	tronic service of hearing-related materials.		
ignature:	<u> </u>	ated:	