

Contacts Data Entry Form

Water Right No. _____

Owner Type	Full Name	Address	City	State	Zip	Phone
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Current Owner _____

Name connector: and _____, or _____, and/or _____

Current Owner _____

Current Owner _____

Representing Attorney: _____ Phone Number: _____

Accompanied By: _____ Phone Number: _____

Relationship to Claimant: _____

Date of Field Exam: _____ Time: _____

Directions to Property (if different from above) and/or update owner information:

photo of A pump Installation
IN A2502125A

Reviewer: _____

Date: _____