



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. SKYLINE DR., SUITE A, IDAHO FALLS, ID 83402-1718

PHONE: (208) 525-7161 FAX: (208) 525-7177 WEB SITE: www.idwr.state.id.us

EASTERN REGION

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

February 23, 2005

Alvie C. Christensen
517 Linden
Rexburg, ID 83440

RE: Withdrawal of Water Right Claim 22-11970

Dear Alvie C. Christensen,

In a letter dated September 30, 2004, you stated that you would like to withdraw water right 22-11970. Included with this letter is a form to withdraw the right. You do not have to worry about any fees. Please fill out, sign and send it back to me at your convenience. If you have any questions about this matter, please feel free to call me at (208) 525-7161.

Respectfully,

Sarah Porter
Idaho Dept. of Water Resources

REQUEST FOR WITHDRAWAL OF CLAIM

Name of Claimant: _____
(Please Print)

Mailing Address: _____

Amount: \$ _____ Receipt No.: _____

County of Water Right: Teton

Claim No(s): 22-11970

I wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I previously paid a filing fee to the Idaho Department of Water Resources. I do ___/do not ___ request a refund of the filing fee. If a refund is requested I have attached an explanation of the justification for granting a refund.

(Signature of Claimant) (Date)

(Signature of Claimant) (Date)

(Signature of Claimant) (Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

	<u>Initials</u>	<u>Date</u>
Approval Region	_____	_____
Approval State Office	_____	_____
Data Entry	_____	_____
Claim File	_____	_____