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DEPARTMENT OF WATER RESOURCES

Form 25a

REQUEST FOR WITHDRAWAL OF CLAIM

Name of Claimant: (Please Print) Ronald + Diane Sharp

Mailing Address: 3100 W. 142 St., Leawood, KS 66224

Amount: $ — Receipt No.: —

County of Water Right: Canyon

Claim No(s).: SRBA No 24-10668

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 X 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) 11/6/06 (Date)

(Signature of Claimant) 11/6/06 (Date)

(Signature of Claimant) (Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

	Initials	Date
Approval Region		
Approval State Office		
Data Entry		
Claim File		