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DEPARTMENT OF
WATER RESOURCES
Form 25a

REQUEST FOR WITHDRAWAL OF CLAIM

Name of Claimant: Lucille H. JENKINS
(Please Print)
Mailing Address: P.O. Box 215, Freedom WY 83120
Amount: \$ 154.00 Receipt No.: B00000003CB
County of Water Right: Caribou
Claim No(s).: 24-10712

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.

<u>Lucille Jenkins</u> (Signature of Claimant)	<u>7 Oct 2006</u> (Date)
_____ (Signature of Claimant)	_____ (Date)
_____ (Signature of Claimant)	_____ (Date)

Return to:

Idaho Department of Water Resources
Adjudication Section

For IDWR Use

Approval Region	Initials	Date
Approval State Office	<u>CB</u>	<u>11/12/06</u>
Data Entry	_____	_____
Claim File	<u>CB</u>	<u>11/12/06</u>

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Department of Water Resources
Eastern Region