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NOV 05 2012

DEPARTMENT OF
WATER RESOURCES

Request for Withdrawal of Claim

Name of Claimant(s) Edward Honcik

Mailing Address 12505 N. Sherwood Ct.

Claim No(s) 95-12184

Signature Edward Honcik Date 11/1/2012

Reason for request: Duplicate claim

95-10321 is the original claim

Please send this form to:

Idaho Department of Water Resources
Adjudication Bureau
PO Box 83720
Boise ID 83720-0098

For IDWR Use

Approved by (Region) _____ Date _____

Approved by (State Office) _____ Date _____

Data Entry Completed _____ Date _____