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MAY 20 2014

REQUEST FOR WITHDRAWAL OF CLAIM
WITH FILING FEES APPLIED TO APPLICATION FOR PERMIT

IDWR/NORTHERN

Name of Claimant: David O. Autio or Ellen L. Autio
Mailing Address: P.O. Box 95 Mullan, Idaho 83846
Amount: \$25 Receipt No.: N028507
Claim No(s): 94-2205

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above and for which I/We previously paid a filing fee to the Idaho Department of Water Resources. I request the filing fee I/We paid on the receipt referenced above be applied to filing an Application for Permit.

For Individuals: David O. Autio 5-20-14
(Signature of Claimant) (Date)

(Signature of Claimant) (Date)

For Organizations:

(Signature of Authorized Agent) (Date)

(Title)

(Name of Organization)

Return to: Idaho Department of Water Resources
Adjudication Bureau
P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

	Initials	Date
Approval Region	<u>Chad</u>	<u>5-20-14</u>
Approval State Office	<u>Jim</u>	<u>5-20-2014</u>
Data Entry		

6/30/09

SCANNED

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