

WA

STATE OF IDAHO
WATER RESOURCE BOARD

RECEIVED

APR 29 2010

DEPARTMENT OF
WATER RESOURCES

**WATER SUPPLY BANK
REQUEST TO RELEASE OR LEASE TERM EXTENSION FORM**

This form is a statement that the lessor requests a change in the status of a Water Supply Bank ("Bank") lease for the water right identified below. A water right will remain in the Bank for the accepted lease period unless released earlier by the Water Resource Board or until the lessor submits a request in writing to the Department of Water Resources to release the right from the Bank. If a water right is currently rented, the portion of the right being rented must remain in the Bank for the duration of the rental agreement.

Water Right No: 41-04030 Telephone No: 208-548-2330
Name(s) of Lessor: D. STEVE BENSON
Mailing Address: 4025 GEORGES RD.
City: Am. Falls State: Id. Zip: 83211
Email: SBENSON@hughes.net

REQUEST TO RELEASE A WATER RIGHT FROM THE BANK:

Requested Release Date: 4-27-10

Release all or part of the leased portion of the water right: All ☒ Part ☐

NOTE: If releasing only part of the leased portion, please attach a clear description of the portion to remain in the Bank.

The lessor requests that the above water right be released from the Bank on the date referenced above.

[Signature]
Signature of Lessor

D-STEVE BENSON OWNER
Printed Name and Title*

4-27-10
Date

Signature of Lessor

Printed Name and Title*

Date

*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney

REQUEST TO EXTEND THE TERM OF LEASE:

Current Expiration Date: _____

Requested Expiration Date: _____

Extend lease term for all or part of the leased portion of the water right: All ☐ Part ☐

NOTE: If extending the lease term for only part of the leased portion, please attach a clear description of the portion to remain in the Bank.

The lessor requests that the above water right remain in the Bank through the date referenced above.

Signature of Lessor

Printed Name and Title*

Date

Signature of Lessor

Printed Name and Title*

Date

*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney