

RECEIVED

APR 08 2024

IDWR / NORTH

REQUEST FOR WITHDRAWAL OF CLAIM
WITH OPTION TO REQUEST FILING FEE REFUND

Name of Claimant: TOM NEWBURY

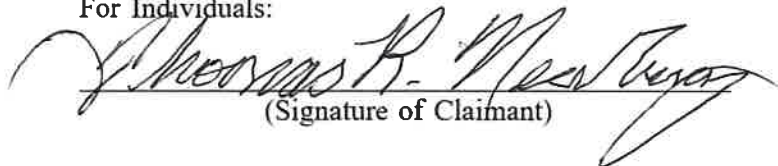
Mailing Address: 3509 N AUDOBON ST, SPOKANE, WA 99205

Amount: N/A Receipt No.: N/A

Claim No(s): 96-9044

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above. 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.***

For Individuals:


(Signature of Claimant)

3/28/2024
(Date)

(Signature of Claimant)

(Date)

For Organizations:

(Signature of Authorized Agent)

(Date)

(Title)

(Name of Organization)

Return to: Idaho Dept. of Water Resources
7600 N. Mineral Dr. Suite 100
Coeur d'Alene, ID 83815

or

Idaho Dept. of Water Resources
Adjudication Section
P.O. Box 83720
Boise, ID 83720-0098

For IDWR Use

Initials

Date

Approval
Data Entry

