

Contract # _____

Map ID # _____

Date Activated _____

**WEST DIVIDE WATER CONSERVANCY DISTRICT
APPLICATION FOR ASSIGNMENT OF OWNERSHIP**

Water Allotment Contract #: _____

Date: _____

Name of Contract Holder: _____

Name and Address of Assignee: _____

Telephone Number: _____ Email address: _____

Amount of Water Assigned in Acre Feet: _____

Legal description of parcel where well is located: _____

Recording Information of Memorandum
of Water Allotment Contract:

County _____ Reception No. _____
Book _____ Page _____

The undersigned Contract Holder and Assignee do hereby give notice to and make application to West Divide Water Conservancy District for the assignment of the above described Water Allotment Contract. By signing this instrument, Assignee does hereby agree to assume and be bound by the terms and conditions of said Water Allotment Contract and all addenda and exhibits thereto. It is understood that Contract Holder is released from performance under said contract to the extent that such performance has been hereby assumed by Assignee.

Contract Holder: _____

Contract Holder: _____

Assignee: _____

Assignee: _____

APPROVED BY WEST DIVIDE WATER CONSERVANCY DISTRICT

President

Date