Clerk and Recorder Recording Information

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: _____

STATE OF _____)
) ss.
COUNTY OF _____)
The foregoing instrument was acknowledged before me on this _____ day of _____, 20____,
by _____.
Witness my hand and official seal. My commission expires: _____

_____
Notary Public

STATE OF _____)
) ss.
COUNTY OF _____)
The foregoing instrument was acknowledged before me on this _____ day of _____, 20____,
by _____.
Witness my hand and official seal. My commission expires: _____

_____
Notary Public

APPROVED BY WEST DIVIDE WATER CONSERVANCY DISTRICT

_____ _____
President Date

Printed portions of this form, except differentiated additions or deletions, have been approved and adopted by the West Divide Water Conservancy District.
Form: WDWCD ASSIGNMENT