

CWPDA In-House Form Rev. 9/2020	COLORADO WATER PROTECTIVE & DEVELOPMENT ASSOCIATION 205 South Main Street Fowler, CO 81039 FAX #719-826-2599	For Office Use Only
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CHANGE IN FARM UNIT AUTHORIZED USER

Farm Unit _____

WDIDs _____

Name, address and phone of the owner of the well:

NAME(S): _____

Mailing Address _____

City, State, Zip _____

Phone (_____) _____ Alt. Contact # _____

Email address: _____

This form is filed by the named individual/entity claiming that they are the owner of the well permitted as referenced above. This filing is made pursuant to CRS 37-90-143.

Name, address and phone of the authorized user of the well:

NAME(S): _____

Mailing Address _____

City, State, Zip _____

Phone (_____) _____ Alt Contact # _____

Email Address _____

Who will pay the Administrative Fee?	Owner	User	Please note: The owner will receive ALL correspondence (including Meter Reading Sheets) from CWPDA unless the Authorized User is to pay for the Administrative and Water Fees.
Who will pay for the Water ordered?	Owner	User	
Who will provide the Meter Readings?	Owner	User State Read	

The above listed owner(s) say(s) that he, she (they) own the well described herein. The existing record is being amended to allow an Authorized User on this Farm Unit. A separate form must be filled out for each Farm Unit effected.

I (we) claim and say that I (we) (are) the owner(s) of the well described above and that the addition/change of Authorized User, occurred on the date indicated, and that the statements made herein are true to my (our) knowledge.

Please print the Owner's Name & Title _____ _____	Signature of the Owner _____ _____	Date _____
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It is the responsibility of the owner of this well to complete and sign the form. Signatures of agents are acceptable if an original letter of agency signed by the owner is attached to the form upon its receipt.

For Office Use Only		
Farm Unit Updated	By	Date