

EXHIBIT I

TRANSFER REQUEST FORM

LAS POSAS VALLEY BASIN WATERMASTER

Please include an application fee according to the fee schedule posted on the Watermaster website: [\[WEBSITE\]](#)

Make check out to: Las Posas Valley Basin Watermaster

Mail to: Las Posas Valley Basin Watermaster, Ventura County Government Center Administration Building,
Watershed Protection District, 800 South Victoria Ave., Ventura, California 93009-1610

Email to: FCGMA@ventura.org

Call Watermaster Administrative staff at 805-654-2014 with questions.

TYPE OF TRANSFER

- Lease
 Permanent Transfer
 Transfer of Carryover

LEASES	
Lessor WMID: _____	Lessee WMID: _____ <input type="checkbox"/> Requesting New WMID
Name of Lessor: _____ _____	Name of Lessee: _____ _____
Lessor Contact Address: _____ [Street Address] _____ [City], _____ [State] _____ [Zip Code] _____ [Phone Number] _____ [Email]	Lessee Contact Address: _____ [Street Address] _____ [City], _____ [State] _____ [Zip Code] _____ [Phone Number] _____ [Email]
Lessor APN(s) [APN(s) within WMID]: _____	Lessee APN(s) [APN(s) within WMID or to be included within new WMID]: _____
Lessor Point of Extraction: <input type="checkbox"/> Private Well(s) Identify Well Nos.: _____ <input type="checkbox"/> Mutual Water Company Identify: _____	Lessee Point of Extraction: <input type="checkbox"/> Private Well(s) Identify Well Nos.: _____ <input type="checkbox"/> Mutual Water Company Identify: _____
Amount of Allocation Basis Leased: _____ AFY	
Type of Allocation Leased: <input type="checkbox"/> Base Agricultural <input type="checkbox"/> Supplemental Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> WWD	
Term of Lease: _____ Years _____ Months Commencing: _____ [Date]	
We acknowledge that Watermaster's approval, and our acceptance of any restrictions or conditions of approval imposed by Watermaster, are conditions precedent to the effectiveness of the Lease. Lessor's Initials: _____ Lessee's Initials: _____	
If approved, during the term of the Lease, I acknowledge that I will remain responsible for all payments of Basin Assessments and Overuse Penalty Assessments. Lessor's Initials: _____	

PERMANENT TRANSFERS (Allocation Basis or Carryover)	
Seller WMID: _____	Buyer WMID: _____ <input type="checkbox"/> Requesting new WMID
Name of Seller: _____	Name of Buyer: _____
Seller Contact Address: _____ [Street Address] _____ [City], ___ [State] _____ [Zip Code] _____ [Phone Number] _____ [Email]	Buyer Contact Address: _____ [Street Address] _____ [City], ___ [State] _____ [Zip Code] _____ [Phone Number] _____ [Email]
Seller APN(s) [APN(s) within WMID]: _____	Buyer APN(s) [APN(s) within WMID or to be included within new WMID]: _____
Seller Point of Extraction: <input type="checkbox"/> Private Well(s) Identify Well Nos.: _____ <input type="checkbox"/> Mutual Water Company Identify: _____	Buyer Point of Extraction: <input type="checkbox"/> Private Well(s) Identify Well Nos.: _____ <input type="checkbox"/> Mutual Water Company Identify: _____
Seller Allocation Basis BEFORE Transfer: _____ AFY	Buyer Allocation Basis BEFORE Transfer: _____ AFY
Amount of Allocation Basis to be Sold: _____ AFY	Amount of Carryover to be Sold: _____ AF
Type of Allocation Transferred: <input type="checkbox"/> Base Agricultural <input type="checkbox"/> Supplemental Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> WWD	
Sale in connection with Conveyance of (Portion of a) Parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify APN(s) of Parcel(s) Being Conveyed: _____	
We acknowledge that Watermaster's approval, and our acceptance of any restrictions or conditions of approval imposed by Watermaster, are conditions precedent to the effectiveness of the Transfer. Seller's Initials: _____ Buyer's Initials: _____	
<input type="checkbox"/> A copy of the deed is enclosed (if Permanent Transfer is in connection with Sale of a [Portion of a] Parcel)	
<input type="checkbox"/> A copy of the Seller's Water Rights Grant Deed is enclosed.	
<input type="checkbox"/> A copy of the Buyer's Water Rights Grant Deed is enclosed.	

MAPS: Please include a map of the area where the water was used by the Transferor and a map of the area where the water is intended to be used by the Transferee. Include locations of production facilities involved in or affected by the Transfer.

SIGNATURES

I understand and agree to abide by the terms of the Las Posas Valley Basin Adjudication Judgment. I swear under penalty of perjury that the information provided on this Transfer Request Form is correct to the best of my knowledge, that I am authorized to enter into this Transfer on behalf of the party indicated below and to bind that party on whose behalf I am signing, that signing this Transfer Request Form is within the scope of my authority, and that the signature below, whether original, electronic, or photocopied, is authorized and valid, and is affixed with the intent to be enforceable. I understand that it is my responsibility to notify Watermaster of any changes in any of the information provided on this form as soon as practicable. I also understand that additional information may be required if there is a suspected potential for an Undesirable Result as defined in the Judgment.

Transferor _____

Signature _____ Date _____

Title _____

Transferee _____

Signature _____ Date _____

Title _____

To be completed by Watermaster:	
Watermaster Approval _____	Date _____
Fees Required _____	