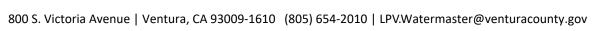
LAS POSAS VALLEY BASIN WATERMASTER





TRANSFER REQUEST FORM

Please note, Watermaster reserves the right to implement a schedule of fees sufficient to offset the expenses borne by Watermaster in processing requests for approvals as specified in the Judgment (Judgment, § 7.4).

TYPE OF TRANSFER

Loaco	Permanent Transfer	Transfer of Carryover
Lease	Permanent fransier	fransier of Carryover

ASES
Lessee Information:
Lessee WMID: Requesting New WMID
Name of Lessee:
Lessee Address:
City, State, Zip:
Phone number:
Lessee Email:
Lessee APN(s) [APN(s) within WMID or to be included within new WMID]
Lessee Point of Extraction
Private Well(s)
Identify State Well Number(s)
Mutual Water Company
•
applemental Agricultural Commercial WWD
eptance of any restrictions or conditions of approval imposed b of the lease.
Lessee's initials:

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LAS POSAS VALLEY BASIN WATERMASTER



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PERMANENT TRANSFERS (Allocation Basis or Carryover)				
Seller Information	Buyer Information			
Seller WMID:	Buyer WMID: Requesting New WMID			
Name of Seller:	Name of Buyer:			
Seller Address:	Buyer Address:			
City, State, Zip:	City, State, Zip:			
Phone number:	Phone number:			
Seller Email:	Buyer 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	Buyer Point of Extraction			
Private Well(s)	Private Well(s)			
Identify State Well Number(s)	Identify State Well Number(s)			
Mutual Water Company	Mutual Water Company			
Seller Allocation Basis BEFORE Transfer: AFY	Buyer Allocation Basis BEFORE Transfer: AFY			
Allocation Basis to be Sold: AFY	Entity type:			
Amount of Carryover to be Sold: AFY	спису суре.			
Type of Allocation Transferred: Base Agricultural	Supplemental Agricultural Commercial WWD			
Quantity of Allocation Transferred by Type (AF): Base Agricultural	Supplemental Agricultural Commercial WWD			
Sale in connection with Conveyance of (Portion of a Parcel)? If yes, identify the APN(s) of Parcel(s) being conveyed	Yes No			
We acknowledge that Watermaster's approval, and our acce Watermaster, are conditions precedent to the effectiveness o	ptance of any restrictions or conditions of approval imposed by f the Transfer.			
Seller's Initials	Buyer's initials:			
A copy of the deed is enclosed (if Permanent Transfer is i	n the connection with Sale of a [Portion of a] Parcel.			
A copy of the Seller's Water Rights Grant Deed is enclosed.				
A copy of the Buyer's Water Rights Grant Deed is enclose	d.			

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LAS POSAS VALLEY BASIN WATERMASTER

I have reviewed Section 4.12 of The Jugement

Transfer will not cause Material Injury



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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.

A Transfer shall not become effective until and unless all Parties to the Transfer are in Good Standing and the Parties have complied with all applicable provisions of section 4.12 of the Las Posas Valley Basin Adjudication Judgment. This includes determining that the transfer will not cause Material Injury or Undesirable Results.

Transfer will not cause Undesirable Result		
Transferor:		
Signature:	Date:	
Title:		
Transferee:		
Signature:	Date:	
Title:		
To be completed by Wetermasters		
To be completed by Watermaster:		
Watermaster Approval:	Date:	
Fees Required:		

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