

LAS POSAS VALLEY BASIN WATERMASTER

800 S. Victoria Avenue | Ventura, CA 93009-1610 | (805) 654-2010 | LPVWatermaster@venturacounty.gov



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).*

WATER YEAR EFFECTIVE: _____

TYPE OF TRANSFER: Lease Permanent Transfer Transfer of Carryover

LEASES	
<i>Lessor Information</i>	<i>Lessee Information</i>
Lessor WMID: Lessor Name: Lessor Address: City, State, Zip: Phone Number: Lessor Email:	Lessee WMID: <i>Requesting new WMID:</i> Lessee Name: Lessee Address: City, State, Zip: Phone Number: Lessee Email:
Lessor Assessor Parcel Numbers (APNs) within WMID:	Lessee APN(s) within (new or existing) WMID:
Lessor Point of Extraction	Lessee Point of Extraction
Private Well(s). Identify SWNs: Mutual Water Company:	Private Well(s). Identify SWNs: Mutual Water Company:
Amount of Allocation Basis Leased (AFY):	
Type of Allocation Leased: Base Agricultural Supplemental Agricultural Commercial WWD (Water Works District)	
Term of Lease: _____ Years	
Date Lease Commences: _____ Date Lease Ends: _____	
<i>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.</i>	
Lessor's Initials:	Lessee's Initials:
<i>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.</i>	
Lessor's Initials:	

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TRANSFERS [Allocation Basis or Carryover]	
<i>Seller (Transferor) Information</i>	<i>Buyer (Transferee) Information</i>
Seller WMID:	Buyer WMID: <i>Requesting new WMID:</i>
Seller Name:	Buyer Name:
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 new or existing WMID]:
Seller Point of Extraction	Buyer Point of Extraction
Private Well(s).	Private Well(s).
Identify SWNs:	Identify SWNs:
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	
Type of Allocation Transferred:	Base Agricultural Supplemental Agricultural Commercial WWD (Water Works District)
Quantity of Allocation Transferred by Type (AF):	Base Agricultural: _____ Supplemental Agricultural: _____ Commercial: _____ WWD: _____
Sale in connection with Conveyance of (Portion of a Parcel)?	Yes No
If yes, identify APN(s) of conveyed Parcel(s):	
<i>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.</i>	
Seller's Initials:	Buyer's Initials:
A copy of the deed is attached, if Permanent Transfer is in connection with Sale of a [Portion of a] Parcel.	
A copy of the Seller's Water Rights Grant Deed is attached.	
A copy of the Buyer's Water Rights Grant Deed is attached.	

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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.

CERTIFICATION AND AGREEMENT

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 possible. 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: _____ **Title:** _____

Signature: _____ **Date:** _____

Transferee: _____ **Title:** _____

Signature: _____ **Date:** _____

DISPOSITION OF APPLICATION (Watermaster Use Only)

Approved Approved with Conditions Denied **Date Effective:** _____

Conditions / Reason for Denial:

Evaluator: _____

Watermaster Approval: _____ **Date:** _____

Fees Required: _____