CENTRAL BASIN WATERMASTER REQUEST FOR CARRYOVER CONVERSION



CONTACT INFORMATION			
Party Name:			
Contact:			
Address:			
City:	State:	Zip:	
Phone:	I	Email:	
ADMINISTRATIVE YEAR FOR CARRY	OVER CONVERSION T	O OCCUR (i.e.2021/22):	
		AR CARRYOVER REQUEST	
One-Year carryover is unused water Administrative Year (excludes droug	-	he prior Administrative Year into the current	
AVAILABLE ONE-YEAR CARRYOVER:AF			
QUANTITY OF CARRYOVER CONVERSION REQUESTED: AF			
*All available one-year carryover must be converted to storage prior to converting the current Administrative Year's carryover. If you are requesting to convert this Administrative Year's carryover, please complete Section (B) below. If not, go to Section (C).			
	(B): CURRENT ADM	IINISTRATIVE YEAR CARRYOVER	
Water rights that are not extracted during the current Administrative Year and will not be extracted or leased out to another Party prior to the end of the current administrative year.			
		·	
AVAILABLE CARRYOVER WATER:		AF, as of (date)	·
QUANTITY OF CARRYOVER CONVER	SION REQUESTED:		_ AF
By checking this box, you agree that the quantity of carryover conversion requested will not be extracted or leased out to another Party prior to the end of the current administrative year.			
S	ECTION (C): CARRY	OVER WATER REQUEST	
REQUEST ACCESS TO COMMUNITY STORAGE ALLOCATION (CHECK YES		QUESTED CARRYOVER CONVERSION EXCEED)	S INDIVIDUAL
Name of Authorized Representative (Please Print):			
Signature of Authorized Representa	ative:	Date:	
This request may be signed by the parties by facsimile, electronic or digital signature, and such signature shall be deemed valid and binding on the party signing this request in that manner.			
Please submit form to watermaster@wrd.org.			