



4040 Paramount Blvd.
Lakewood, CA 90712

CENTRAL BASIN WATERMASTER ADMINISTRATIVE BODY

Request for Carryover Conversion

CONTACT INFORMATION

Central Basin Judgment – Party Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CARRYOVER CONVERSION REQUEST

QUANTITY OF CARRYOVER CONVERSION REQUESTED: _____ ACRE-FEET

REQUEST ACCESS TO COMMUNITY STORAGE POOL *IF* REQUESTED CARRYOVER
CONVERSION EXCEEDS INDIVIDUAL STORAGE ALLOCATION (CHECK YES OR NO)? YES NO

ADMINISTRATIVE YEAR FOR CARRYOVER CONVERSION TO OCCUR (i.e. 2016/17): _____
(Administrative year is from July 1 to June 30)

Name of Authorized Representative (Print): _____

Signature of Authorized Representative: _____

Date: _____

FOR WRD USE ONLY

Date Received: _____

Received by: _____