



**WEST COAST BASIN WATERMASTER
ADMINISTRATIVE BODY
Request for Carryover Conversion**

CONTACT INFORMATION

West Coast 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: _____

Date: _____