

OREGON



WATER RESOURCES
DEPARTMENT

**TO: Water Resources Director
Water Resources Department
725 Summer Street NE, Suite A
Salem OR 97301-1271**

I/We hereby authorize the cancellation of my/our water use **Application No.** _____,

Permit No. _____, which describes a right to develop the use of up to

_____ C.F.S./G.P.M./ACRE-FEET of water from _____
(source)

for the purpose of _____.
(use)

Sincerely,

Signature of Permittee or Authorizing Agent

Date: _____

Printed Name of Permittee or Authorizing Agent

Date: _____

Signature of Other Permittee, If Any

Address: _____

Phone: (_____) _____ -- _____