APPLICATION FOR ADMINISTRATIVE REVIEW OF CONSERVATION REQUIREMENTS AND IRRIGATION WATER DUTIES FOR THE FOURTH MANAGEMENT PERIOD (2010-2020) PURSUANT TO A.R.S. § 45-575

This form is an official application for administrative review of the irrigation water duty and/or conservation requirements assigned to you in the Fourth Management Plan. This application must be received by the Arizona Department of Water Resources (Department) by either mail or email not later than ninety (90) days from the date on your conservation notice. However, you may request administrative review of an irrigation water duty or conservation requirement more than ninety (90) days after you received notice if an extraordinary circumstance not in existence as of the date you received notice justifies a modification of the water duty or conservation requirement.¹

In order for the Department to properly evaluate your request for administrative review, you must provide complete, accurate and specific information regarding those circumstances that affect your ability to meet the conservation requirements. If you are applying for administrative review of conservation requirements assigned to a turf-related facility, you must also complete and submit to the department additional turf-related facility data forms. For assistance in answering the following questions and to request additional turf-related facility data forms, please contact the Department’s Active Management Area (AMA) office at 602-771-8585. Please print or type your answers. Attach additional sheets if needed. Applications may be mailed to the Arizona Department of Water Resources at the address listed above or may emailed to managementplans@azwater.gov.

1. ______________________________________________________________________
   Name

2. ______________________________________________________________________
   Mailing Address

   City     State     Zip Code     Daytime Phone

3. Name of the AMA in which use is located: ________________________________

4. Groundwater Right No., Withdrawal Permit No.,

¹ Pursuant to A.R.S. § 45-575(B), the Director of the Department may modify the water duty or conservation requirement if the aggrieved person demonstrates by clear and convincing evidence that extraordinary circumstances not in existence as of the date of the notice make it unreasonable to require compliance with the water duty or conservation requirement.
5. State the irrigation water duty or conservation requirements from which you are seeking relief. Be specific by referencing the provision in the notice received from the Department.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

6. Describe in specific terms the exact adjustment to your irrigation water duty or conservation requirements you are requesting.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

7. Describe the reason you are requesting the relief, including any circumstances affecting your ability to comply with the irrigation water duty or conservation requirements. Please be specific and attach any supporting documentation or other relevant information.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
8. If you are requesting administrative review of an irrigation water duty or conservation requirement more than ninety (90) days after you received notice because of an extraordinary circumstance not in existence as of the date you received notice, explain the extraordinary circumstance and when it came into existence. Please also attach evidence demonstrating the extraordinary circumstance and when it came into existence.

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I affirm that the information contained in this application is true and correct to the best of my belief and knowledge.

________________________________________
Signature of Applicant

or Applicant’s Authorized Agent

__________________________
Title

_______________________
Date