

DOUGLAS A. DUCEY
Governor



THOMAS BUSCHATZKE
Director

ARIZONA DEPARTMENT OF WATER RESOURCES

1110 W Washington St, Ste 310
PHOENIX, ARIZONA 85007-2954
(602) 771-8500

MUTUAL AGREEMENT FORM

I, _____, the applicant or applicant's authorized agent for _____ hereby mutually agree with the Arizona Department of Water Resources to extend the substantive and overall time frame of the referenced application _____ days, pursuant to Arizona Revised Statutes ([A.R.S.](#)) § 41-1075(B). I understand that this agreement shall become effective upon receipt of this agreement by the Arizona Department of Water Resources. Additionally, the Department may request additional information during the substantive review time frame, pursuant to A.R.S. section [41-1075\(A\)](#).

Signature

Date

Title

Return form to: Arizona Department of Water Resources
Office of Assured & Adequate Water Supply
1110 W Washington St, Ste 310
Phoenix, AZ 85007-2954