

ARIZONA DEPARTMENT OF WATER RESOURCES
OFFICE OF ASSURED AND ADEQUATE WATER SUPPLY
1110 W Washington St, Ste 310
PHOENIX, ARIZONA 85007-2954
(602) 771-8599 Fax: (602) 771-8689

DATE RECEIVED:

APPLICATION WITHDRAWAL FORM

This form is to be used when withdrawing a pending application for an assured or adequate water supply determination. For assistance, contact the Office of Assured and Adequate Water Supply at (602) 771-8599.

In order to withdraw an application, each applicant must sign and submit a copy of this form.

Name of Applicant: _____

Application Number: _____

Application Name*: _____

* Subdivision, master plan development or water provider, depending on application type.

THE UNDERSIGNED hereby withdraws the application identified above, effective as of the date shown below. The undersigned understands that in withdrawing the application:

- 1) The application will be fully removed from all processing and consideration by the Department; and
- 2) The withdrawal of the application does not prohibit an applicant from submitting a future application for the same subdivision, master plan development or water provider.

Please print the name and title of the applicant or the applicant's authorized agent (if signator is someone other than the applicant).

Signature of applicant or applicant's authorized agent

Date