Conservation District Reserved Water Use Authorization Termination Request

§85-2-316, MCA, **Form 111** (Revised 03/2026)

For Conservation District Use Only

CD Application #: _____ Date and Time Received: _____

Fee Received: _____ Received By: _____

When to use this form: Use this form to notify the Conservation District the request to terminate a Reserved Water Use Authorization.

Important Information: In submitting this form, you are requesting all rights and privileges in the Reserved Water Use Authorization to be relinquished. This request will be added to an upcoming board meeting agenda for discussion. You are invited to attend the meeting, and any notifications will be mailed in writing after the meeting.

Filing Fee: Contact the Conservation District regarding the filing fee schedule.

Conservation District Name: _____

CD Water Reservation Number:_____ Water Right Number: _____

Authorization Holder Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

I/we, _____,

hereby request the relinquish all rights and privileges under Water Use Authorization number _____.

The reason for this request is:

___ This water use authorization was never completed or put to beneficial use.

___ This water use authorization has not been used for _____ years.

___ Other _____

_____

_____ _____

Authorization Holder Signature Date

_____ _____

Authorization Holder Signature Date

_____ _____

Authorization Holder Signature Date

Notary Public or Authorized Officer

State of Montana
County of _____

Signed and sworn before me this _____ day of _____, 20 ___.

By _____
Printed Name of Authorization Holder

(Seal/Stamp)

_____
Signature of Notary or Authorized Officer