



(Board Name)
WATER CONSERVANCY BOARD
Application for Change/Transfer
Record of Decision

For Ecology Use Only
Received:
Date Stamp
Reviewed by: _____
Date Reviewed: _____

Applicant: (applicant's name)

Application Number: (application number)

This record of decision was made by a majority of the board at an open public meeting of the (Board Name) Water Conservancy Board held on (date meeting was held). The undersigned board commissioners certify that they each understand the board is responsible "to ensure that all relevant issues identified during its evaluation of the application, or which are raised by any commenting party during the board's evaluation process, are thoroughly evaluated and discussed in the board's deliberations. These discussions must be fully documented in the report of examination." [WAC 173-153-130(5)] The undersigned therefore, certifies that each commissioner, having reviewed the report of examination, knows and understands the content of the report.

Approval: The (board name) Water Conservancy Board hereby **grants** conditional approval for the water right transfer described and conditioned within the report of examination on (date report of exam was signed) and submits this record of decision and report of examination to the Department of Ecology for final review.

Denial: The (board name) Water Conservancy Board hereby **denies** conditional approval for the water right transfer as described within the report of examination on (date report of exam was signed) and submits this record of decision to the Department of Ecology for final review.

Signed:

_____ (Name), Chair (Board Name) Water Conservancy Board	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other <input type="checkbox"/>
_____ (Name), (Title) (Board Name) Water Conservancy Board	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other <input type="checkbox"/>
_____ (Name), (Title) (Board Name) Water Conservancy Board	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other <input type="checkbox"/>
_____ (Name), (Title) (Board Name) Water Conservancy Board	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other <input type="checkbox"/>
_____ (Name), (Title) (Board Name) Water Conservancy Board	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/> Abstain <input type="checkbox"/> Recuse <input type="checkbox"/> Other <input type="checkbox"/>

Mailed with all related documents to the Dept of Ecology (regional office name) Regional Office, and other interested parties on (date mailed).

If you have special accommodation needs or require this form in alternate format, please contact 360-407-6607 (Voice) or 711 (TTY) or 1-800-833-6388 (TTY).

Ecology is an equal opportunity employer