



State of Washington
Department of Ecology

Certificate Record No. \_\_\_\_\_ Page No. \_\_\_\_\_

State of Washington, County of \_\_\_\_\_

VOLUNTARY PARTIAL
RELINQUISHMENT OF CERTIFICATE OF WATER RIGHT

[ ] SURFACE WATER [ ] GROUND WATER

I (we) \_\_\_\_\_ am (are) the holders
of Water Right No. \_\_\_\_\_, with a priority date of
\_\_\_\_\_, issued by the Department of Ecology or one of its predecessor agencies.

This certificate authorizes withdrawal of public water of the State of Washington for the purpose(s) of (irrigation,
domestic use, industrial use, etc.) \_\_\_\_\_ on
that property described by the water right document. (Attach entire legal description as shown on water right.)

There have/have not (circle one) been any changes to, or transfers of, this water right since the certificate was issued.

[ ] I (we) have no further requirement to withdraw, utilize, and put to full beneficial use a portion of the water
right described in the certificate. Therefore, I (we) relinquish a portion of this right described as:

\_\_\_\_\_  
\_\_\_\_\_

(Attach legal description of that portion of the property on which the right is being relinquished.)

- [ ] I (we) have not assigned the rights described in the certificate.
[ ] I (we) am (are) the legal land owners of that portion of the property on which the water to be relinquished
was used.
[ ] I (we) understand that a copy of this document shall be recorded by the Washington Department of Ecology
in the county where the lands described above are located, and that a superseding certificate shall be issued
for that portion of the right I (we) retain and so do not relinquish.
[ ] I (we) understand that in signing this document, I (we) am (are) forfeiting the right to use in the future that
portion of the water right that has relinquished. I (we) will only continue using that water identified in the
superseding certificate.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

STATE OF WASHINGTON

County of \_\_\_\_\_

I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_ (water
right holder) is the person who appeared before me, and said person acknowledged that he/she signed this instrument
and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this document.

Dated \_\_\_\_\_

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Title

My appointment expires \_\_\_\_\_

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech and
hearing impaired) at 711 or 1-800-833-6388.