

**REQUEST FOR ASSIGNMENT OF FREE PRODUCTION ALLOWANCE  
IN LIEU OF PAYMENT OF MAKE-UP WATER ASSESSMENTS**

WATER YEAR ENDING SEPTEMBER 30, 20\_\_\_\_\_.

To be executed by both Transferee and Transferor and, if separately requested by Watermaster, be accompanied by a map of the service area where the water was used by Transferor and a map of the service area where the water is intended to be used by the Transferee.

A TRUE COPY HEREOF MUST BE FILED WITH WATERMASTER NOT LATER THAN 30 DAYS PRIOR TO THE REGULARLY SCHEDULED WATERMASTER MEETING IN MAY.

(To be accompanied by completed Exhibit "E" if Transferee is not a party to the Judgment)

For a valuable consideration, in the amount of \$\_\_\_\_\_ per acre-foot receipt of which is hereby acknowledged, \_\_\_\_\_ ("Transferor") does hereby assign and transfer to \_\_\_\_\_ ("Transferee")

(Check the following appropriate category)

- Carryover FPA of \_\_\_\_\_ acre-feet in the \_\_\_\_\_ Subarea and/or
- Current Year FPA of \_\_\_\_\_ acre-feet in the \_\_\_\_\_ Subarea.

Transferee hereby requests that the consumptive use portion of the transferred FPA, as determined by Watermaster, be applied to Transferee's \_\_\_\_\_ acre-feet share of the \_\_\_\_\_ Subarea's Make-up Water Obligation to the \_\_\_\_\_ Subarea that is due July 1, 20\_\_\_\_\_, and shown on Appendix B of the Annual Watermaster Report filed with the Riverside Superior Court.

DATED: \_\_\_\_\_

TRANSFEEE

TRANSFEROR

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

(Signature)

Name of Designee of Transferee to receive service of Processes & Notices:

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

Address

Telephone No. of Designee: \_\_\_\_\_

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

(Signature)

Name of Designee of Transferor to receive service of Processes & Notices:

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

Address

Telephone No. of Designee: \_\_\_\_\_

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

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

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here insert name and title of the officer)

personally appeared \_\_\_\_\_,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public (Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

\_\_\_\_\_  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

\_\_\_\_\_  
(Additional information)

### INSTRUCTIONS FOR COMPLETING THIS FORM

*Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/~~she~~/~~they~~, ~~is~~/~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

### CAPACITY CLAIMED BY THE SIGNER

- Individual(s)
- Corporate Officer  
\_\_\_\_\_
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other \_\_\_\_\_