

**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: _____

TRANSFEREE

TRANSFEROR

(Signature)

(Signature)

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

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

Address

Address

Telephone No. of Designee: _____

Telephone No. of Designee: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
Date Here insert name and title of the officer

personally appeared _____
Name(s) of Signer(s)

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 _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed By The Signer(s)

Signer's Name _____

☐ Corporate Officer – Title(s) _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other _____

Signer is Representing: _____

Signer's Name _____

☐ Corporate Officer – Title(s) _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other _____

Signer is Representing: _____