



4040 Paramount Blvd.  
Lakewood, CA 90712

# CENTRAL BASIN WATERMASTER ADMINISTRATIVE BODY

## Request for Carryover Conversion

### CONTACT INFORMATION

Central Basin Judgment – Party Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CARRYOVER CONVERSION REQUEST

QUANTITY OF CARRYOVER CONVERSION REQUESTED: \_\_\_\_\_ ACRE-FEET

REQUEST ACCESS TO COMMUNITY STORAGE POOL *IF* REQUESTED CARRYOVER  
CONVERSION EXCEEDS INDIVIDUAL STORAGE ALLOCATION (CHECK YES OR NO)?           YES           NO

ADMINISTRATIVE YEAR FOR CARRYOVER CONVERSION TO OCCUR (i.e. 2016/17): \_\_\_\_\_  
*(Administrative year is from July 1 to June 30)*

Name of Authorized Representative (Print): \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_  
This request may be signed by the parties by facsimile, electronic or digital signature, and such signature shall be deemed valid and binding on the party signing this request in that manner.

Date: \_\_\_\_\_

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### \*\*\*FOR WRD USE ONLY\*\*\*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_