



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: _____

FOR WRD USE ONLY

Date Received: _____

Received by: _____