GROUNDWATER ALLOCATION TRANSFER AUTHORIZATION

Transferor:				
		_		
Phone:				
Transferee:	City of Camarillo Post Office Box 248 Camarillo, CA 93011			
for the transfer	roundwater Managemen of groundwater allocati nose parcels that lie with	ion from agricultural ext	raction facilities to mu	
of land, receive	orical base period of 198 ed an allocation of gation from Well No	acre		
This transfer a of the grading	uthorization form is to be permit. Please provide ne well(s). Also provid	e submitted by the proje assessor's map(s) de	lineating the project	boundaries and the
Assessor's Parcel ID No			Project No	
Name of Well	Owner:			
A ddrooo.			t from above)	
Phone:				
Name of Well	Operator:	(if differen	t from above)	
Address:		•	Thom above)	
Phone:				
Type of Crop:				
and understan	cation assigned to subje d that the historical extr the City of Camarillo.	ct parcel) acre feet of GI action or two acre feet _I	agree to relinquish MA historical groundwa per acre per year, whic	ater allocation to GMA chever is less, will be
	day of		, 20	
Extraction Fac	ility Owner			
City of Camari	llo. Water Division			