STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES

FULL RELINQUISHMENT OF A SURFACE WATER APPROPRIATION

1. Appropriator of Record

Name:_____

Address 1: _____

Address 2: _____

City & State: _____

Zip Code: _____ Phone Number: ( )_____-_____

Cell Phone: ( )_____-_____

E-Mail Address:_____

FOR DEPARTMENT USE ONLY

Filed in the office of the Dept. of Natural Resources

at ____:____ on _____, 20____

Modification REL-_____

SW Permit: _____

RightD: _____

Water Division: _____

2. Surface Water Appropriation Details

Appropriation (permit number) to be relinquished: _____ Priority Date: _____

Source of Water: _____Use: _____

3. Relinquishment Information

This is a **Full** relinquishment of the surface water appropriation listed above.

Is this relinquishment conditional based on other circumstances? ☐ Yes ☐ No (Approval of new permit or transfer, end of a contract, etc.)

If yes, please explain:_____

_____

4. Appropriator(s) and/or Landowner(s) Signatures

I/We certify that I am/We are the appropriator(s) and/or owner(s) of the surface water appropriation listed above, I/We do hereby relinquish **all** claims to the right to divert and use surface water associated with the appropriation listed above, contingent upon conditions listed in section 3 above if any were listed.

Date	Signature	Print Name	Title

No Filing Fee Required
Submit this form to:
Nebraska Department of Natural Resources
301 Centennial Mall South
PO Box 94676
Lincoln, Nebraska 68509
(402) 471-2363