	District Court, Water Division	ו	_, Colorado				
	Court Address:						
	CONCERNING THE APPLICATION FOR WATER RIGHTS OF						
	Applicant:						
	In the	River or it	s Tributaries				
	In		_ COUNTY	<b>▲</b> COURT	USE ONLY		
	Attorney or Party Without At	torney (Name and Addi	ess):				
				Case Number:			
	Phone Number:	E-mail:					
	FAX Number:	Atty. Reg. #:		Division:	Courtroom:		
		STATEMENT OF	OPPOSITIC	N			
Т	his Statement of Opposition must be filed by the last day of the second month following the month in which the						
a	application is filed. § 37-92-302(1)(c), C.R.S. See instructions for all Colorado water court divisions for the						
a	opropriate filing fee.						

1. Name, mailing address, email address and telephone number of Opposer:

Name	Mailing Address	Email address	Telephone Number	

**2.** State facts as to why the application should not be granted or why it should be granted only in part or on certain conditions: (Add additional sheets as necessary.)

Signature of Attorney, if applicable

Date

## VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the	e day of	:,	, a	, at	
	(date)	(month)	(year)	(city or other location, and state OR country)	
Printed Name				Signature	
The person sigr	ning this verifica	tion is: Dopposer D	Engineer	Other (describe)	

Verifications of other persons having knowledge of the facts may be attached to this Statement of Opposition.

**NOTE TO SELF REPRESENTED PARTIES:** Parties who are not represented by an attorney shall file with the water clerk a single copy of this document in original paper format. Parties who are not represented by an attorney shall also serve a copy of this document on all parties to this case. Such service may be accomplished by sending a copy by first class mail, postage prepaid, by personal service, or by other means authorized under Rule 5 of the Colorado Rules of Civil Procedure.

## **CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_\_ (date) a copy of this Statement of Opposition was served on each of the following:

Full Name	Mailing Address	Manner of Service*

\*Insert one of the following: Personal Service, First-Class Mail, E-Service or by other means authorized under C.R.C.P. 5.

Signature

Date