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| District Court, Water Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ColoradoCourt Address:CONCERNING THE PROTEST OFProtestant/Owner:TO FINAL ABANDONMENT LIST OF WATER RIGHTS INVOLVING WATER RIGHT IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY | COURT USE ONLY |
| If Represented by an Attorney, Attorney’s Name and Address: Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: Courtroom: |
| PROTEST TO FINAL ABANDONMENT LIST |

Any person who wishes to protest the inclusion of any water right in a decennial abandonment list after any revision by the division engineer shall file a written protest with the water clerk and the division engineer. All such protests to the decennial abandonment list shall be filed not later than June 30, 2022, or the respective tenth anniversary thereafter. Such protest shall set forth in detail the factual and legal basis therefor. §37-92-401(5), Colo. Rev. Stat. For the appropriate filing fee, see page 8 of the Non-Attorney’s Guide to Colorado Water Courts. Also, see Rule 12 of the Uniform Local Rules for All State Water Court Divisions for the Procedure Regarding Decennial Abandonment Lists.

1. Name, mailing address, email address and home telephone number of Protestant/Owner:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Protestant/Owner** | **Mailing Address** | **Email address** | **Home Phone Number** |
|  |  |  |  |
|  |  |  |  |

1. Describe the Water Right:
2. Name of Structure:
3. Date of Original Decree: Case No: Court:
4. Decreed Legal Description of Structure Location (provide 8 ½ x 11 inch copy of the applicable portion of a USGS topographic map with the location of the structure clearly marked): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Source of water:
6. Decreed use or uses:
7. Appropriation Date: Decreed Amount:
8. Amount and use or uses listed as having been abandoned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Former District Number and Page Number where listed on Abandonment List:

1. State factual and legal basis for this Protest:

1. Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Attorney (if any) Date

### VERIFICATION

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

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date) (month) (year) (city or other location, and state OR country)

The person signing this verification is: Protestant Engineer Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

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

# CERTIFICATE OF MAILING

I certify that I mailed a copy of the foregoing Protest to Abandonment List to (insert Division Engineer’s name and address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), postage prepaid.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature/Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City State Zip Code