

District Court, Water Division _____, Colorado Court Address: _____ CONCERNING THE APPLICATION FOR WATER RIGHTS OF Applicant: _____ In the _____ River or its Tributaries In _____ COUNTY	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____
STATEMENT OF OPPOSITION	

This Statement of Opposition must be filed by the last day of the second month following the month in which the application is filed. § 37-92-302(1)(c), C.R.S. See instructions for all Colorado water court divisions for the appropriate 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 Opposer(s) (if self-represented) or Attorney

Date

VERIFICATION AND ACKNOWLEDGMENT OF PERSON HAVING KNOWLEDGE OF THE FACTS STATED IN THIS STATEMENT OF OPPOSITION

Being first duly sworn, I hereby state that I have read this Statement of Opposition, that I have personal knowledge of the facts stated and verify its contents to the best of my knowledge, information, and belief.

Signature Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the person whose signature appears above.

My Commission Expires: _____

Notary Public/Deputy Clerk

The person signing this verification is: Opposer 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.

Your Signature