

**STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS
SUPPLEMENTAL STATEMENT OF DIVERSION AND USE CHANGE FORM**

This form is the official method to notify the State Water Resources Control Board of changes related to a right or claim related to a Statement of water diversion and use. Specifically, this form should be used for:

- A change in contact information for any party required to submit a Supplemental Statement; or
- A transfer of a right or claim for water diversions requiring the submittal of a Statement of Water Diversion and Use Water Code, §5101).

To comply with the regulations, submit this form within 30 days of the change. Failure to do so could result in fines of up to \$500 per day (Cal. Code Regs., tit 23, §§915 or 920, as applicable). Please complete the form timely to avoid penalties.

Submit this form by:

**Email to: changerequest@waterboards.ca.gov; or
Fax to: (916) 341-5400.**

Section 1: Select the type(s) of change:

- Update Contact Information (Complete Section 2 and 5)
- New Diverter (Complete Section 3 and 5)
- New Agent (Complete Section 4 and 5)

Provide the Statement ID Number(s) for the change (e.g., S123456). Separate multiple ID(s) with commas.

Provide Assessor's Parcel Number(s) (APN) associated with the place of diversion.

Indicate the person to whom all correspondence should be sent.

Diverter

Agent

Section 2: Contact Information Update

(Skip this section if the change is a for a New Diverter and/or New Agent and proceed to Section 3 and/or Section 4.)

Diverter's Updated Information:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Agent's Updated Information (If applicable):

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Section 3: New Diverter

New Diverter Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Section 4: New Agent

New Agent Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Section 5: Additional Comments and Signature

Date when the change became effective: _____

Additional information or other instructions regarding this change, if any:

Please sign and date the form:

Printed Name: _____

Signature: _____

Date: _____