NO	TICE OF IN	NTENT TO APP	EAR (Due Ja	nuary 5, 2016)		
North State Water Alliance		plans to pa	_ plans to participate in the water right hearing regarding			
(name of party or part	icipant)		•	Ü		
	partment of	IFORNIA WATE If Water Resource Ing will commence	es and U.S. B	ureau of Reclama	ation	
1) Check <u>all</u> that app ☑ I/we intend to partic ☑ I/we intend to partic	cipate in Par					
2) Check only one (1	ent a policy s cipate by cro	statement only. oss-examination o	•		ng table)	
NAME		T OF PROPOSED to indicate Application Appropriate)		ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)	
		_				
(If more space is requ	ired, please	add additional pa	ages or use rev	verse side.)		
3) Check if applicabl ☐ I/we have also prot		etition in accordar	nce with Water	Code section 170	3.2	
4) Fill in the followin Representative:	g informatio	on of the Partici	oant, Party, A	ttorney, or Other		
Name (Print): David J	. Guy, Presid	dent, Northern Ca	alifornia Water	Association		
Mailing Address: 455 Capitol	Mall, Suite 3	335, Sacramento,	CA 95814			
Phone Number: (916)	442-8333		Fax Numbe	r: <u>(916) 442-4035</u>		
E-mail:dguy@nor	calwater.org					
Optional:						
electronic service	for any reas	on, please contac	t the hearing t	f you are unable to eam by Tuesday, g@waterboards.ca	·	
Signature:				Date: January 4, 20	)16	