

State Water Resources Control Board
DIVISION OF WATER RIGHTS

**Supplemental Statement for Change in
Diverter Name, Address or Responsible Party**

**A Supplemental Statement must be filed if there is a change in the name or address of the person diverting water.
(Wat. Code, § 5104, subd. (b).)**

SUBMIT FORM BY EMAIL, POSTAL MAIL, OR FAX
Phone: (916) 341-5300 Fax: (916) 341-5400
P.O. Box 2000, Sacramento, CA 95812
changerequest@waterboards.ca.gov

1. Current Diverter Information			
This is a Change of (Select all that apply):		Diverter	Responsible Party (Agent)
Enter the Statement number(s) (e.g. S123456) Separate multiple ID's with Commas:			
Assessor's Parcel Number(s) (APN) associated with the place of diversion:			
Diverter Name:	First	Middle	Last
Mailing Address	City	State	Zip
Phone Number:	Email Address (if available):		
Person Filing Statement, if different from Diverter:	First	Middle	Last
Mailing Address	City	State	Zip:
Phone Number:	Email Address (if available):		
Official Mail Receiver:	Diverter	Responsible Party	
2. New Diverter/Responsible Party Information			
New Diverter Name (if applicable): _____			
Date Upon Which Change in Name or Address Became Effective: _____			
New Diverter Mailing Address (if applicable)	City	State	Zip
Phone Number:	Email Address (if available):		
New Responsible Party/Agent Mailing Address (if applicable)	City	State	Zip
Phone Number:	Email Address (if available):		
Use the space below for any additional comments:			
Signature:	Printed Name:	Date:	
_____	_____	_____	

YOU ARE REQUIRED TO FILE AN ANNUAL SUPPLEMENTAL STATEMENT REPORTING YOUR WATER DIVERSION AND USE. (Wat. Code, § 5104, subd. (a).)

THIS FORM ONLY SATISFIES THE REQUIREMENT THAT THE BOARD BE NOTIFIED OF A CHANGE IN THE NAME OR ADDRESS OF THE DIVERTER. (Wat. Code, § 5104, subd. (b).)