



Agent Authorization

(Owner Name)

(Agent Name)

(Owner Mailing Address)

(Agent Mailing Address)

(Owner City, State, Zip)

(Agent City, State, Zip)

(_____)_____
(Owner Telephone Number)

(_____)_____
(Agent Telephone Number)

I, _____ make, constitute and appoint _____
(Owner Name) (Agent Name)

My true and lawful agent (Agent) in my name, place and stead to perform any of the following designated actions in accordance with, and to comply with the Rules of the North Plains Groundwater Conservation District (District) on the following Groundwater Production Unit (GPU) :

(Circle One): ALL GPUs WITHIN THE DISTRICT OR **SPECIFIC** GPU (DESIGNATE COUNTY, SECTION, BLOCK AND SURVEY):

(List All Counties, Sections, Blocks, Surveys which apply to this document)

I hereby verify that I am the sole owner of the Groundwater Rights under the GPU.

My Agent is authorized to:

			Owner Initial
Yes _____	No _____	Apply for Test Hole Permits	_____
Yes _____	No _____	Apply for Water Well Permits	_____
Yes _____	No _____	Sign and File Property Line Spacing Easements	_____
Yes _____	No _____	Sign and File Declarations of Groundwater Production Unit	_____
Yes _____	No _____	Sign and File Well Reclassification Forms	_____
Yes _____	No _____	Sign and File Annual Production Reports	_____
Yes _____	No _____	Employ Third Parties to Sign and File Annual Production Reports	_____
Yes _____	No _____	File Location of Meters and/or Description of Metering Method Used	_____

I hereby agree to indemnify and hold harmless the District or any person or other entity that relies on this Agent Authorization from any and all claims which may be asserted by me, my legal representatives, or any third party.

All rights, powers and authority of my Agent to exercise any powers granted hereunder shall be effective immediately upon the execution hereof. Such rights, powers, and authority of the Agent shall remain in full force and effect hereafter until such authority is terminated by me in writing. I hereby revoke and terminate any prior District Agent Authorization.

In witness whereof, I have signed this Agent Authorization on,

_____ at _____
Date Place

Signature of Owner

SUBSCRIBED and SWORN to before me by _____ this _____ day of _____, 20____.

My Commission expires:

Notary Public, State of _____