State of Nevada Division of Water Resources Request to Withdraw Consent for Correspondence

In rega	ard to permit number(s)	: (Check applicable item)
	Please delete my name from the mailing list and cease sending copies of all correspondence to the address below: (Fill in ADDRESS information and sign below.)	
	Please delete my name, as well as my Agent's name, from the mailing list and cease sending copies of all correspondence to the address below (Agent's address not necessary): (Fill in ADDRESS information and sign below.)	
	Please withdraw my Consent to Electronic Delivery of Documents . <u>I understand by withdrawing</u> this request I will <i>continue to receive</i> documents by hard copy through the postal mail.	
I am the:		
	Individual named below. (Complete the signature, name and address below.)	
	Agent or representative. (Complete the signature, name and address below.)	
This form acknowledges that I have made the above request for the above referenced permit(s). Please mail completed form to Nevada Division of Water Resources, 901 S. Stewart Street, Suite 2002, Carson City, NV 89701 or fax to (775) 684-2811.		
SIGNATURE:		
NAME:		
ADDRESS:		
CITY, STATE, ZIP:		
AGENT'S NAME:		