State of Nevada **Division of Water Resources Request for Correspondence and Change of Address**

Please add my name to the mailing list and send copies of all correspondence to the address below:	In regard to permit number(s)			(Check applicable item)
Please change the address for copies to be sent as indicated below: [Fill in NEW ADDRESS and OLD ADDRESS information.] Iam the permit holder. Please change my address as indicated below: [Fill in NEW ADDRESS Name:				
Image: (Fill in NEW ADDRESS and OLD ADDRESS information.) Name:		Please change	e the address for copies to be sent as indicated below:	
Name:				
Address:	<u>NEW</u>	ADDRESS		
City, State, ZIP: Telephone: Email: Iprefer to receive correspondence by email. By checking this box, I agree to the terms under Consent to Electronic Delivery of Documents. OLD ADDRESS Name: Address: City, State, ZIP: I am the: I and the	Name	:		
Telephone:	Addre	ess:		
Email:	City,	State, ZIP:		
I prefer to receive correspondence by email. By checking this box, I agree to the terms under Consent to Electronic Delivery of Documents. OLD ADDRESS Name: Address: City, State, ZIP: Telephone: I am the: I Individual named above. (Complete signature below only.) Agent (Complete signature, name and address below.) Representative (Complete signature, name and address below.) This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name: Address: City, State, ZIP: Telephone: I am the: I holividual named above. (Complete signature below only.) Agent (Complete signature, name and address below.) This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name: City, State, ZIP: Telephone:	Telep	hone:		
Documents. Image: I	Email	l:		
Name:		1	eive correspondence by email. By checking this box, I agree to the terms under Consent to E	lectronic Delivery of
City, State, ZIP:				
Telephone:	Addre	ess:		
I am the:	City,	State, ZIP:		
Individual named above. (Complete signature below only.) Agent (Complete signature, name and address below.) Representative (Complete signature, name and address below.) This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name: City, State, ZIP: Talanhang:	Telep	hone:		
Agent (Complete signature, name and address below.) Representative (Complete signature, name and address below.) This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name:	I am t	he:		
Representative (Complete signature, name and address below.) This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name: Address: City, State, ZIP: Talaphana:		Individual na	med above. (Complete signature below only.)	
This form accurately reflects the mailing address for the permit holder or other individual identified above. Signature: Name: Address: City, State, ZIP: Talaphana:		Agent (Comp	lete signature, name and address below.)	
Signature:		Representativ	e (Complete signature, name and address below.)	
Address: City, State, ZIP: Talaphana;				
City, State, ZIP:	Name	:		
Talanhana:	Addre	ess:		
Telephone:	City,	State, ZIP:		
	Telep	hone:		

Email:

I prefer to receive correspondence by email. By checking this box, I agree to the terms under Consent to Electronic Delivery of Documents.

State of Nevada Division of Water Resources CONSENT TO ELECTRONIC DELIVERY OF DOCUMENTS

Consent to receive electronic delivery of documents from the Division of Water Resources (Division) does not apply to any notice, disclosure or other communication that the Division is required by Nevada Revised Statute to send in hard copy through the postal mail. The consent granted herein will continue indefinitely, unless it is revoked in accordance with the terms set forth below.

If you would like to withdraw your consent for electronic delivery of all eligible documents and receive paper copies, please send a *Request to Withdraw Consent for Correspondence* form to: State of Nevada, Division of Water Resources, 901 S. Stewart St., Ste. 2002, Carson City, NV 89701 or fax to (775) 684-2811.

"Electronic Delivery" means making information available by:

- Transmitting such information in an email or, at our option, in an attachment to an email, to your email address of record; or
- Sending notice to your email address of record that such information is available on our website or with instructions on how to access such information.

It is the responsibility of the recipient to notify the Division of any changes to their email address.