



Wyoming State Engineer's Office

REQUEST FOR CANCELLATION

Surface Water Division
Herschler Building 2W
Cheyenne, Wyoming 82002

1. PERMITTEE INFORMATION:		
Name(s) of permit holder(s):		
Address:		
City:	State:	Zip:
Telephone:	Cell Phone:	
Email:		

2. CANCELLATION REQUEST

The requirements of Permit No. _____, recorded in the name of _____
_____, and issued by Wyoming State Engineer's Office have not been
complied with. Final proof for beneficial use of water will not be submitted. The Wyoming State
Engineer's Office is therefore authorized to cancel said permit upon the records in your office.

THIS FORM MUST BE SIGNED BY **ALL OF THE OWNERS** OF THE ABOVE PERMIT AND **BE ACCOMPANIED BY A CERTIFICATE OF OWNERSHIP.**

(Signature)
Authorized person Permittee Agent

(Printed Name)

(Signature)
Authorized person Permittee Agent

(Printed Name)

(Signature)
Authorized person Permittee Agent

(Printed Name)

Date: _____ (mm/dd/yyyy)