

**STATE OF NEBRASKA  
DEPARTMENT OF NATURAL RESOURCES  
ALLOWANCE FOR JOINT OWNERSHIP OF AN APPROPRIATION**

<b>INSTRUCTIONS</b>	<b>For Department Use Only</b>								
<p>To qualify for joint ownership of an appropriation, the following criteria must be met:</p> <ul style="list-style-type: none"> <li>• The surface water appropriation was originally granted to a single farming operation.</li> <li>• The appurtenant land was divided into distinct parcels to multiple owners.</li> <li>• A change of ownership form must be on file with the Department for the owner(s) of each parcel of land.</li> <li>• By signing below, the current landowners agree to operate the parcels together as a unit and prefer to hold the appropriation as a single appropriation rather than divide it so each owner's portion is distinguishable.</li> <li>• Upon receipt of written notification from any one party who has signed below, this agreement is terminated and the Department will issue an order to divide the appropriation so each owner's portion is distinguishable.</li> </ul>	<p>Surface Water Appropriation(s) Affected:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>								
<p>1. Name, Address and Telephone Number of Landowner:</p>   <p>Zip Code: _____ Telephone No. (____) _____</p> <p>E-Mail Address: _____</p>	<p>2. Name, Address and Telephone number of Landowner:</p>   <p>Zip Code: _____ Telephone No. (____) _____</p> <p>E-Mail Address: _____</p>								
<p>3. Name, Address and Telephone Number of Landowner:</p>   <p>Zip Code: _____ Telephone No. (____) _____</p> <p>E-Mail Address: _____</p>	<p>4. Name, Address and Telephone number of Landowner:</p>   <p>Zip Code: _____ Telephone No. (____) _____</p> <p>E-Mail Address: _____</p>								
<p>5. Provide the legal description of the land granted under the surface water appropriation:</p>   									
<p>6. List surface water appropriation numbers:</p> <p>_____</p>									
<p>7. Signature of all Current Landowners Required:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="width:50%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>		Signature	Date	Signature	Date	Signature	Date	Signature	Date
Signature	Date								
Signature	Date								
Signature	Date								
Signature	Date								

**Return to: State of Nebraska Department of Natural Resources  
301 Centennial Mall South, P.O. Box 94676  
Lincoln, Nebraska 68509-4676  
Phone: (402) 471-2363**

**ALTERNATE CONTACT REQUEST (Optional)**

Complete information below only if Alternate Contact Request box is checked in item 1.

8. This is a request to add a an alternate contact to the file for: Surface Water Appropriation Nos.: _____	
9. Name, Address and Telephone Number of Alternate Contact:  Zip Code: _____ Telephone No. ( ____ ) _____ E-mail Address: _____	10. Alternate Contact is Tenant, Farm Manager, Attorney, etc. Please explain.  _____ _____ _____ _____
11. Name, Address and Telephone Number of Alternate Contact:  Zip Code: _____ Telephone No. ( ____ ) _____ E-Mail Address: _____	12. Alternate Contact is Tenant, Farm Manager, Attorney, etc. Please explain.  _____ _____ _____ _____
13. Name, Address and Telephone Number of Alternate Contact:  Zip Code: _____ Telephone No. ( ____ ) _____ E-Mail Address: _____	14. Alternate Contact is Tenant, Farm Manager, Attorney, etc. Please explain.  _____ _____ _____ _____
15. Name, Address and Telephone Number of Alternate Contact:  Zip Code: _____ Telephone No. ( ____ ) _____ E-mail Address: _____	16. Alternate Contact is Tenant, Farm Manager, Attorney, etc. Please explain.  _____ _____ _____ _____
17. I/We, _____, give the Department of Natural Resources permission to provide copies of all correspondence, regulation notices, and orders to the above-mentioned party(ies) for matters concerning this appropriation, registration or dam.  Reminder: Please sign and date on page 1.	

**Return to: State of Nebraska Department of Natural Resources  
301 Centennial Mall South, P.O. Box 94676  
Lincoln, Nebraska 68509-4676  
Phone: (402) 471-2363**