

**Central Kansas Water Bank Association**  
**Application to Withdraw Deposit**

Must be received by July 1st of the calendar year for  
which the deposit was made

<b>For Office Use Only</b>
Fee _____
Form # _____
TR # _____
Date Recd _____
Time Recd _____
Initials _____

**Contract Number:** \_\_\_\_\_ (Water Right on Deposit)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, hereby make application to withdraw the following water right(s) and associated Acre-Feet from deposit in the Central Kansas Water Bank program.

**Water Right File Number:** \_\_\_\_\_  
Legal Desc: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_  
Calendar Years of Deposit: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Total Number of Acre-Feet Deposited: \_\_\_\_\_

To be eligible for withdrawal from deposit the following conditions must be met:

1. The water right has not been leased in whole or part.
2. An application to withdraw the water right from deposit is made before July 1 of the calendar year for which the deposit has been made.

I certify that both conditions have been met.

Signature of Water Right Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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Date application received: _____
Was Water Right leased:      Whole <input type="checkbox"/> Part <input type="checkbox"/>
Deposit eligible for withdrawal?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Reviewed by (Bank Representative) _____