

**Central Kansas Water Bank Association
Deposit Slip – Safe Deposit Account**

Must be received by March 1st of year following the
calendar year in which water was not used

For Office Use Only

Form # _____

TR # _____

Date Recd _____

Time Recd _____

Initials _____

Name _____

Address _____

City _____ State _____ Zip _____

Water Right File Number: _____ Legal Desc: _____ ¼, Sec _____ Twp _____ Rng _____

1. Quantity of water unused from previous year: _____
2. Quantity of water proposed for deposit: _____
3. For the calendar year in which the water was NOT used: Beginning meter reading: _____
Ending meter reading: _____

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ACKNOWLEDGEMENT OF TERMS AND CONDITIONS The undersigned acknowledges they have provided the Bank with honest, accurate information in preparation of this deposit.

Signature of Water Right Owner: _____ Date: _____

Signature of Bank Representative: _____ Date: _____