First Name and Last Name

Mailing Address

City, State, Zip code

Date of Request:

Mammoth Community Water District

Attn: Kristina Roberts

PO Box 597

Mammoth Lakes, CA 93546

RE: Permit # (provided to you from MCWD)

Permit Address

Permit City, State, Zip code

Dear Mammoth Community Water District,

I respectfully request an Administrative Extension for one (1) year for the above-referenced permit.

Sincerely,

Print Your Name

Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: