

STATE OF NEBRASKA  
DEPARTMENT OF NATURAL RESOURCES

NOTICE OF CHANGE OF OWNERSHIP/WATER RESOURCES UPDATE NOTICE

1. Name, address and telephone number of person to be shown as owner in Department records. Name(s) must be exactly as described on deed or other document transferring ownership of property.

Zip Code: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternate Contact Requests: If this box is checked, complete items 6-15 on the second page

2. Provide legal description of property. The description may be provided by attaching a copy of the deed or other documentation.

I have attached a copy of the deed or document transferring ownership

Land is under contract purchase agreement; copy of agreement is enclosed.

3. Name, address and telephone number of past owner or seller, if applicable. Name(s) must be exactly as described on deed or other document transferring ownership of property. This section must be filled out and signed if this form is being used to notify the Department regarding a transfer of property within 60 days of the transfer in accordance with §76-2,124.

Zip Code: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Past Owner - **SELLER**

4. List surface water appropriation numbers, ground water well numbers and dam plan numbers if known. The Department's records of ownership of surface water appropriations, ground water wells, and dams may be changed based on the legal description provided in item 2.

a. List surface water appropriation numbers: \_\_\_\_\_

b. List ground water well registration numbers: \_\_\_\_\_

c. List plan numbers for dams: \_\_\_\_\_

5. The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date Signature of Current Owner - **BUYER** (Or Representative With Proper Documentation)

**FOR DEPARTMENT USE ONLY**

Owner ID \_\_\_\_\_

Surface Water Appropriation(s) Changed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ground Water Well Registration(s)  
Changed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: State of Nebraska  
Department of Natural Resources  
245 Fallbrook Blvd., Suite 201  
Lincoln, NE 68521-6729  
Phone: (402) 471-2363

**ALTERNATE CONTACT REQUEST (Optional)**

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

6. This is a request to add an alternate contact to the file for: Surface Water Appropriation Nos.: _____ Ground Water Well Registration Nos.: _____ Dam Nos.: _____	
7. Name, Address and Telephone Number of Alternate Contact:  Zip Code: _____ Telephone No. ( ____ ) _____ E-mail Address: _____	8. Alternate Contact is Tenant, Farm Manager, Attorney, etc. Please explain.  _____ _____ _____
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. 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.	

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