

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.	

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

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____

(first, middle, last)

SIGNATURE _____

DATE _____

Submit this form with attached paperwork.