

# FOX CANYON GROUNDWATER MANAGEMENT AGENCY



800 S. Victoria Avenue  
Ventura, CA 93009-1610  
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## Authorization Form

Ordinance Code Section 2.2 requires the name of the owner of each extraction facility, the parcel number on which the well is located along with the names of all operators for each extraction facility shall be reported to the Agency within 30 days upon any change of ownership or operators, together with such other information required by the Executive Officer.

### As the legal owner of the following extraction facility(ies):

State Well No. \_\_\_\_ N \_\_\_\_ W \_\_\_\_

State Well No. \_\_\_\_ N \_\_\_\_ W \_\_\_\_

State Well No. \_\_\_\_ N \_\_\_\_ W \_\_\_\_

### I hereby authorize and designate

Business Name: \_\_\_\_\_

Office: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Effective Date: \_\_\_\_\_

To be responsible for the allocations and fees that may result from the operation of this/these extraction facility(ies).

### OWNER

I acknowledge that per Ordinance Code Section 2.4.3, owners of extraction facilities are ultimately responsible for payment of groundwater extraction charges and interest should an operator not pay.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### OPERATOR

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)