|  |  |
| --- | --- |
| District Court, Water Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Colorado Court Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONCERNING THE APPLICATION FOR WATER RIGHTS OFApplicant:In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_River or its TributariesIn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY |  *COURT USE ONLY* |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: Courtroom: |
| STATEMENT OF OPPOSITION |

This Statement of Opposition must be filed by the last day of the second month following the month in which the application is filed. § 37-92-302(1)(c), C.R.S. See instructions for all Colorado water court divisions for the appropriate filing fee.

1. Name, mailing address, email address and telephone number of Opposer:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Mailing Address** | **Email address** | **Telephone Number** |
|  |  |  |  |
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1. State facts as to why the application should not be granted or why it should be granted only in part or on certain conditions: (Add additional sheets as necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Signature of Attorney, if applicable Date

**VERIFICATION**

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date) (month) (year) (city or other location, and state OR country)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

The person signing this verification is: Opposer Engineer Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifications of other persons having knowledge of the facts may be attached to this Statement of Opposition.

**NOTE TO SELF REPRESENTED PARTIES:** Parties who are not represented by an attorney shall file with the water clerk a single copy of this document in original paper format. Parties who are not represented by an attorney shall also serve a copy of this document on all parties to this case. Such service may be accomplished by sending a copy by first class mail, postage prepaid, by personal service, or by other means authorized under Rule 5 of the Colorado Rules of Civil Procedure.

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) a copy of this Statement of Opposition was served on each of the following:

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Mailing Address** | **Manner of Service\*** |
|  |  |  |
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**\*Insert one of the following: Personal Service, First-Class Mail, E-Service or by other means authorized under C.R.C.P. 5.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date