



### Agent Authorization

_____	_____
(Owner Name)	(Agent Name)
_____	_____
(Owner Mailing Address)	(Agent Mailing Address)
_____	_____
(Owner City, State, Zip)	(Agent City, State, Zip)
(_____) _____	(_____) _____
(Owner Telephone Number)	(Agent Telephone Number)

I, \_\_\_\_\_ make, constitute, and appoint \_\_\_\_\_  
 (Owner Name) (Agent Name)

my true and lawful Agent in my name, place, and stead to perform any of the following designated actions in accordance with, and to comply with, the Rules of the Mesquite Groundwater Conservation District (District) on the following Groundwater Production Unit (GPU):

(Circle One): ALL GPUs WITHIN THE DISTRICT OR SPECIFIC GPU: \_\_\_\_\_

I hereby verify that I am the sole owner of the Groundwater Rights under the GPU.

My Agent is authorized to:

- |                |   |
|----------------|---|
| Yes ___ No ___ | Apply for Test Hole Permits                                     |
| Yes ___ No ___ | Apply for Water Well Permits                                    |
| Yes ___ No ___ | Sign and File Property Line Spacing Easements                   |
| Yes ___ No ___ | Sign and File Declarations of Groundwater Production Unit       |
| Yes ___ No ___ | Sign and File Annual Production Reports                         |
| Yes ___ No ___ | Employ Third Parties to Sign and File annual Production Reports |
| Yes ___ No ___ | File Flowmeter Agreements                                       |

I hereby agree to indemnify and hold harmless the District or any person or other entity that relies on this Agent Authorization from any and all claims which may be asserted by me, my legal representatives, or any third party.

All rights, powers, and authority of my Agent to exercise any powers granted hereunder shall be effective immediately upon the execution hereof. Such rights, powers, and authority of the Agent shall remain in full force and effect hereafter until such authority is terminated by me in writing. I hereby revoke and terminate any prior District Agent Authorization.

RESPECTFULLY SUBMITTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Sign when instructed to by Notary) \_\_\_\_\_

STATE OF \_\_\_\_\_ § COUNTY OF \_\_\_\_\_ §

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, this instrument was acknowledged

before me by \_\_\_\_\_.

(Seal)

My Commission Expires: \_\_\_\_\_

Notary Public, State of \_\_\_\_\_