

DIVISION OF MINING, LAND & WATER
WATER RESOURCES SECTION



Alaska Department of
**NATURAL
RESOURCES**

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Office Use Only
Date Stamp

File #	<i>Office Use Only</i> CID #	CID #
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OWNERSHIP TRANSFER

Owner Name	Co-owner Name
Owner Social Security Number (optional)	Co-owner Social Security Number (optional)
Mailing Address	Mailing Address
City	City
State	State
Zip Code	Zip Code
Work Phone Number	Work Phone Number
Home Phone Number	Home Phone Number
E-mail Address	E-mail Address

*** You must attach a copy of the legal document transferring ownership into your name.**