Date:	
Name:	
Address:	
	-
RE: CUP Lease Agreement with SWUA	
Please sign this letter confirming that you want cancelled as of By signing CUP Lease for AF will be cancelled.	
If you have any questions, please feel free to ca	all our office M – Th from 7 a.m. – 6 p.m.
Thank you,	
	XSignature
Lisa Moos Water Specialist Strawberry Water Users Association	