

Request for **Assignment**

If for multiple rights, a separate form and fee for each right will be required.

r, Ty Fehrenbacher					NECEIVE
	t / Permit / Transfer H	older)			JUN 29 20
19310 NW Butler Road	Terrebone	OR	97760	541-548-4353	WATER RESOURCES
(Mailing address)	(City)	(State)	(Zip)	(Phone #)	SALEM, OREG
hereby assign all my	v interest in and to app	olication/pe	rmit/transfer;		
☐hereby assign <u>all my</u> (You must include of	<u>v interest</u> in and to a <u>po</u> a map showing the por				d.)
☐hereby assign <u>a port</u>	ion of my interest in ar	nd to the er	<i>atire</i> application	n/permit/transfer;	
Application #	, Permit #		; Trans	fer # T-9626	
GR Statement #	, GR Certific	-OR- cate of Reg	istration #		
as filed in the office of the	Water Resources Dire	ctor, to:			
		ector, to:			
Mt. Jefferson Farms, Inc. t		ector, to:			
Mt. Jefferson Farms, Inc. b (Name of New Owner)		ector, to:	9730	503-363-	0632
as filed in the office of the Mt. Jefferson Farms, Inc. t (Name of New Owner) PO Box 12708 (Mailing address)	by Walter R. Miller	OR	9730: ate) (Zip)	503-363- (Phone #)	 0632
Mt. Jefferson Farms, Inc. It (Name of New Owner) PO Box 12708 (Mailing address) NOTE: If there are Certificate	by Walter R. Miller Salem	OR (Statement of the content of the	ate) (Zip) scribed in this sou must provide	(Phone #) Application, Permi	t, Transfer or
Mt. Jefferson Farms, Inc. It (Name of New Owner) PO Box 12708 (Mailing address) NOTE: If there are Certificate names and I hereby certify that I have	Salem (City) other owners of the prof Ground Water Regimailing addresses and	OR (Stroperty desistration, yell attach it it	cribed in this ou must provide to this form.	(Phone #) Application, Permi le a list of all other	it, Transfer or owners'
Mt. Jefferson Farms, Inc. b (Name of New Owner) PO Box 12708 (Mailing address) NOTE: If there are Certificate names and I hereby certify that I have or Certificate of Registration	Salem (City) other owners of the proof Ground Water Reginating addresses and notified all other owners of this request for a	OR (Statement) (St	ate) (Zip) cribed in this ou must provid to this form. property descri	(Phone #) Application, Permi le a list of all other bed in this Applica	it, Transfer or owners'
Mt. Jefferson Farms, Inc. It (Name of New Owner) PO Box 12708 (Mailing address) NOTE: If there are Certificate	Salem (City) other owners of the proof Ground Water Reginating addresses and notified all other owners of this request for a	OR (Statement) (St	ate) (Zip) cribed in this ou must provid to this form. property descri	(Phone #) Application, Permi le a list of all other bed in this Applica	it, Transfer or cowners'

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.

Fee receipt #884/4
For Director by Jerry Sauter Fro Water Rights Division

=

The completed "Request for Assignment" form *must* be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- \$5 for each additional page. [as required by ORS 536.050(1)(d)]