

Oregon Water Resources Department

725 Summer Street NE, Suite A Salem Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

RECEIVED

Request for WATER RESOURCES DEPT Assignment SALEM, OREGON

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

(Name of Applicant / F	Permit / Transfer Ho	older)			
PO Box 907	Albany	OR	97321	541-926-7771	
(Mailing address)	(City)	(State)	(Zip)	(Phone #)	÷.,
hereby assign all my inc	terest in and to app	lication/per	mit/transfer;		
hereby assign all my int	terest in and to a po	ortion of ap	plication/perm	it/transfer;	
(You must include a mo	ap showing the port	tion of the d	application/per	mit to be assigned.)	
hereby assign <u>a portion</u>	of my interest in an	nd to the <u>en</u>	<u>tire</u> application	/permit/transfer;	
Application #	, Permit #		; Transfe	er # _7526	
Application #	an a da	-OR-	-1 1 11		
GR Statement #	, GR Certifica	ate of Regis	stration #		
as filed in the office of the Wa	ter Resources Direc	ctor, to:			
as filed in the office of the Wa Weyerhaeuser Company	ter Resources Direc	ctor, to:			
	ter Resources Direc	ctor, to:			
	ter Resources Direct	octor, to:	97321	 541-926-777	
Weyerhaeuser Company (Name of New Owner)				541-926-777 (Phone #)	<u> </u>
Weyerhaeuser Company (Name of New Owner) PO Box 907 (Mailing address) NOTE: If there are oth Certificate of C	Albany (City) er owners of the pro	OR (Sta	eribed in this A u must provide		ransfer or
Weyerhaeuser Company (Name of New Owner) PO Box 907 (Mailing address) NOTE: If there are oth Certificate of C	Albany (City) er owners of the proground Water Registing addresses and	OR (State) operty description, you attach it to	eribed in this A u must provide this form.	(Phone #) pplication, Permit, T a list of all other ow	ransfer or vners'
Weyerhaeuser Company (Name of New Owner) PO Box 907 (Mailing address) NOTE: If there are oth Certificate of Conames and mail I hereby certify that I have not or Certificate of Registration of Certificate of Cer	Albany (City) er owners of the proground Water Registing addresses and ified all other owners of this request for as	OR (State) operty description, you attach it to exist of the prossignment.	eribed in this A u must provide this form.	(Phone #) pplication, Permit, T a list of all other ow ed in this Application	ransfer or vners'
Weyerhaeuser Company (Name of New Owner) PO Box 907 (Mailing address) NOTE: If there are oth Certificate of Conames and mail I hereby certify that I have not or Certificate of Registration of Certificate of Cer	Albany (City) er owners of the proground Water Registiling addresses and iffied all other owners of this request for as	OR (State) operty description, you attach it to exist of the prossignment.	eribed in this A u must provide this form.	(Phone #) pplication, Permit, T a list of all other ow ed in this Application	ransfer or vners'

DO NOT WRITE IN THIS BOX

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

- Fee receipt #Costravor Accept

- For Director by Jerry Saute Program Analyst in 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)]