

## Oregon Water Resources Department RECEIVED

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

## Request for WATER RESOURCES DEPT Assignment SALEM, OREGON

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

I, J. Edward Henricks			s Inc.	
(Name of Applicar	nt / Permit / Transfer H	older)		
PO Box 907	Albany	OR	97321	541-926-7771
(Mailing address)	(City)	(State) (	Zip)	(Phone #)
hereby assign all m	y interest in and to app	lication/pern	it/transfer;	
hereby assign all m	y interest in and to a po	ortion of app	ication/permi	t/transfer;
(You must include	a map showing the por	tion of the ap	plication/peri	nit to be assigned.)
☐hereby assign <u>a por</u>	tion of my interest in ar	nd to the <u>enti</u>	re application/	pennit/transfer;
Application #	, Permit #		; Transfe	r # _7526
CD Ct	on a via	-OR-		
GR Statement #	, GR Certific	ate of Regist	ration #	<u> </u>
as filed in the office of the	Water Resources Direct	ctor, to:		
Weyerhaeuser Company				
(Name of New Owner)				
PO Box 907	Albany	OR	97321	541-926-7771
(Mailing address)	(City)	(State	e) (Zip)	(Phone #)
Certificate		stration, you	must provide	oplication, Permit, Transfer o a list of all other owners'
I hereby certify that I have or Certificate of Registrati			perty describe	d in this Application, Permit
Witness my hand this 13th	day of Novem	ber	, 20 06	
Aj	oplicant/Permit holder	J. alu	ua Hu	mer
	ر _ pplicant/Permit holder			
Δ	pricarior critic norder			

## 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 #Carrows Acast

- For Director by Jerry Saute 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)]

Request for Assignment/1