

O regon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301 (503) 986-0900 www.wrd.state.or.us

## **Request for Assignment**

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

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

6400 Poplar Ave.	Memphis	TN	38197	901-419-4961
lailing Address)	(City)	(State)	(Zip)	(Phone#)
hereby assign <u>all my interest</u> in and (example, sold all the land authoriz	to <u>the entire</u> application/per ed under the right)	mit/trans	fer/limited	license/groundwater statement;
hereby assign <u>all my interest</u> in and statement; ( <u>You must include a map</u> license/groundwater statement to be	showing the portion of the a	pplicati	on/permit/1	transfer order/limited
hereby assign <u>a portion of my intere</u> statement; (example, adding an add	<u>st</u> in and to <u>the entire</u> application alperson)	ation/per	mit/transfe	er/limited license/groundwater
Application#	; Permit #	;T	ransfer#]	<u>[-12773(2.0 cfs);</u>
Limited License#	; Groundwate	r Statem	ent#	
filed in the office of the Water Resource	s Director, to:			(Fr
ity of Independence Jame of New Owner)			#1	
ume of New Owner)			100	
PO Box 7 Aailing Address)	Independe (City)			51 503-838-1212 (Phone #)
0 /				
Note: If there are other owners of the pro- groundwater statement, you must p this form. Write the initials (first le <u>NA</u> I hereby certify that I have notified	provide a list of all other own tters) of your first and last n	ers' name ames att	es and mail he spot ind	ling addresses and attach it to licated below $N/A_{-}$ .
order, limited license, or groundwater sta				
Witness my hand this 15 (Day)	lay of July	, 20	20	
(Day)	(Month)		(Year)	
Signature of Current Holder of Record	In	-		an a
Failure to provide any of the	required information will	resultin	the return	n of your application.
This certifies assignment and record cha	ande at			
Oregon Water Resources Department el 8:00 a.m. on date of receipt at Salem, O Fee receipt #_ <u>/33146</u> For Director by Mary F. Bjork. Program	regon. The comp form must Analyst in along with	besubn	nitted to th	Assignment" e Department of \$100.
M-70.				
Last updated: September 18, 2017 Request for Assignment			WR	

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