## **Request for Assignment**





**Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

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.

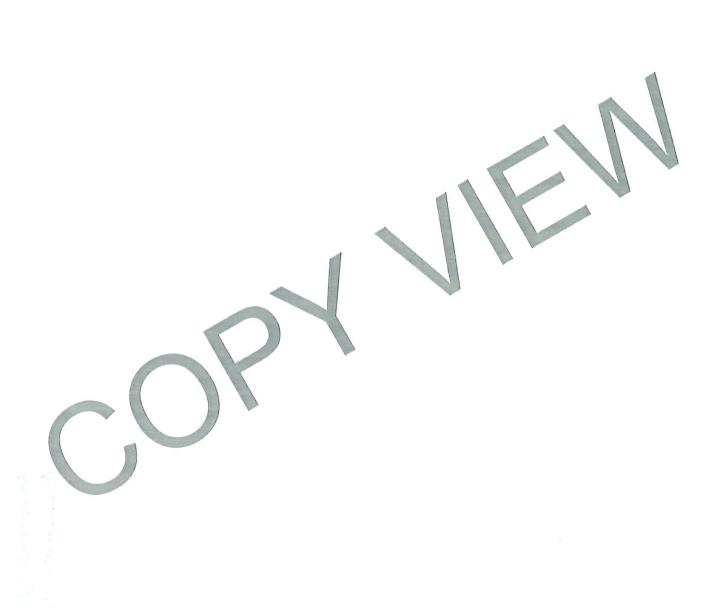
If for multiple rights, a separate form and fee for each right will be required.  I, Hamilton Farms, LLC												
(Name of Current Holder of Record)												
141	.90 Ai	rlie	Road,	Monmo	ıth,	OR S	97361					
(Mailir	ng Addre	ss) (City	') (State) (	Zip) (Phone	#)							_
X	hereby							ermit/transf er the right		mited license	/groundwate	r
	hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer order/limited license/groundwater statement; ( <u>You must include a map</u> showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)											
	hereby assign <u>a portion of my interest</u> in and to <u>the entire</u> application/permit/transfer order/limited license/groundwater statement; (example, adding an additional person)											
	Ap	plication	n #	_	; Permi		6616 5617	_; Transfo	er Order #	T-12149	;	
		Lin	nited Lice	nse#		_; 0	Groundwat	er Statemer	nt #.			
as filed	d in the o	ffice of t	the Water	Resources I	Director	, to:						
AgW	est F	arm (	Credit	, FLCA							· v	
	eofNew Farm		dit Dr	. SE,			Sal	em, OR	9730	1-5501		
(Mailing Address) (City) (State) (Zip) (Phone#) Hamilton Farms, LLC												
(Name of New Owner)							* +					
141	90 Ai	rlie	Road			1		th, OR	97361			520
(Mailii	ng Addre	ss)					(City)	(State) (2	Zip)	(Phone #)		3 4
	or grou initials I hereb	ndwater st (first letter by certify th	atement, yo s) of your fir nat I have no	ou must provide est and last nam	e a list of a les at the owners o	all other spot indi f the pro	owners' nam icated below perty describ	ed in this appli	addresses an	d attach it to this	s form. Write the	132. Apr
Witn	ness my hai	nd this 2	3	da	y of Ma	ay		, 20 2	4 .			55
Signa	ature of Cur	rent Holde	(D r of Record	Steven 128310A8		amiltor	(Month)		(Year)		Recei	ved
	F	ailure to p	rovide any	of the required	informat	ion will r	esult in the r	eturn of your a	pplication.		14M1 2	2024
				27							OWR	D

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$120.

Last updated: July 20, 2021

Request for Assignment

WR



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	ultiple rights, a separa milton Farms		r each righ	t will be requ	ired.			
	of Current Holder of							
1 / 1	00 Minlie De	ad Manmaut	h OD	07261				
	90 Airlie Ro			9/361				
(Mailii	ig Address) (City) (St	ate) (Zip) (Phone #	)					
X		interest in and to t (example, sold all t				rder/limited license/gr	oundwater	
hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer order/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)								
hereby assign <u>a portion of my interest</u> in and to <u>the entire</u> application/permit/transfer order/limited license/groundwater statement; (example, adding an additional person)								
	Application #	_; F	ermit #R- #R-	-5616 -5617	_; Transfer O	rder #T-12149	;	
	Limited	License #	-	; Groundwat	er Statement #.			
as filed	l in the office of the W	Vater Resources Dir	ector, to:					
MaM	est Farm Cre	dit, FLCA						
	of New Owner)	<u> </u>						
-	Farm Credit	Dr. SE,		Sal	em, OR 9	7301-5501		
(Mailir	ng Address)			(City)	(State) (Zip)	(Phone#)		7
	ilton Farms,	LLC						U N
(Name	of New Owner)							N
14190 Airlie Road Monmouth, OR 97361						S in		
(Mailir	ng Address)			(City)	(State) (Zip)	(Phone #)	7	i
	If there are other owners of or groundwater statement initials (first letters) of yI hereby certify that I haffer order, limited license, o	ent, you must provide a your first and last names ave notified all other ow	list of all othe at the spot in ners of the p	er owners' name ndicated below. roperty describe	es and mailing addre	esses and attach it to this for	m. Write the	A STATE OF THE STA
Witn	ess my hand this 23	day o	f May		,20 24		Re	ceived
		(Day)	•	(Month)	(Yea	r)	MAY	1 2021
Signa	ture of Current Holder of Re	ecord						A 100
	Failure to provide	e any of the required in	ormation wi	ll result in the re	turn of your applica	ation.	Ψ	MHD

## DO NOT WRITE IN THIS BOX

	This certifies assignment and record change at
	Oregon Water Resources Department effective
n	8:00 a.m. on date of receipt at Salem, Oregon.
	Fee receipt # 143020 PS 2
	For Director by Mary Bjork. Program Analyst in

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WR