Request for Assignment By Proof of Ownership

(If Water Right Holder is Not Available)



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

www.oregon.gov/owrd

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, Comeron Brooks Anderson, on behalf of and as member of 21581 SW Scho (Name of Party Requesting Assignment) 7128 SW Gonzaga St. Ste 100 Portland OR 97223 503-221-4590 (Mailing Address) (City) (State) (Zip) (Phone #) hereby request assignment of an entire application/permit/transfer order/limited license/groundwater statement; hereby request assignment of a portion 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.) Application # 7-11480 ; Permit # ; Transfer Order # ;
(City) (State) (Zip) (Phone #) hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement; hereby request assignment of a portion 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.)
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hereby request assignment of a <u>portion</u> of application/permit/transfer order/limited license/groundwater statement; (<u>You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)</u>
(You must include a map showing the portion of the application/permit/ transfer order /limited license/groundwater statement to be assigned.)
Application #; Permit #; Transfer Order #;
Limited License #; Groundwater Statement #;
P P I I A A A A A C R - 1 · 1/
Roser Berry hill Nursey Ath: Arda C. Berry ill (Name of Current Holder of Record) 71400 Sh Scholls Streewood Rd. Showd, OR 97140 (Mailing Address) (City) (State) (Zip) (Phone #)
21400 She Colulle Streetend Rd. Showed OR 97140
(Mailing Address) (City) (State) (Zip) (Phone #)
Note: Write the initials (first letters) of your first and last names at the spots indicated below 1)
Signature of Party Requesting Assignment Failure to provide any of the required information will result in the return of your application.

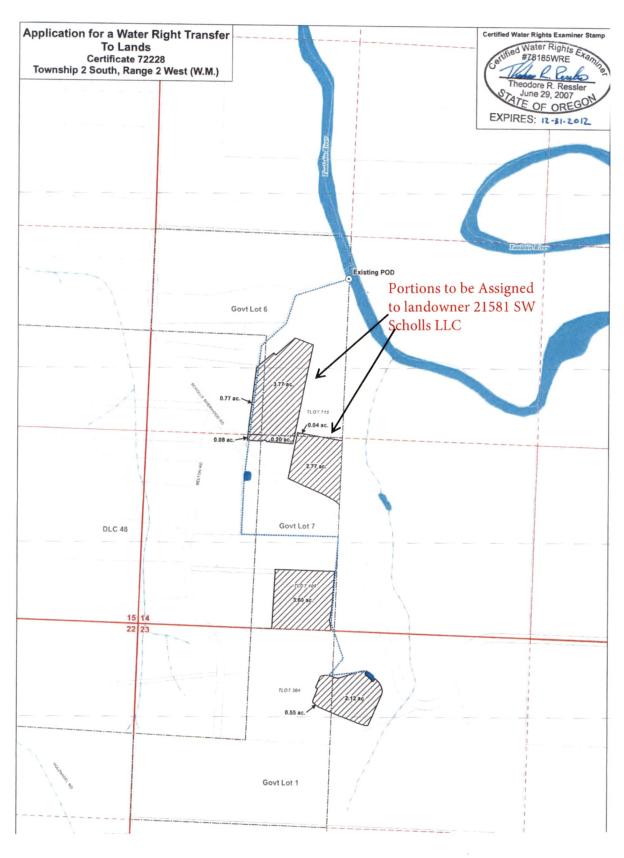
Fee receipt # 145284

For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

form *must* be submitted to the Department along with the recording fee of \$120.

MAY 2 9 2025

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Received
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