## **Request for Assignment**



**Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (\$03) 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.

Urbach Farms Inc.	
Name of Current Holder of Record) PO Box 12, Dairy, OR 9762	5
Mailing Address)	(City) (State) (Zip) (Phone #)
	the entire application/permit/transfer order/limited license/groundwater the land authorized under the right)
license/groundwater statement; (You	a <u>portion</u> of application/permit/transfer order/limited <u>must include a map</u> showing the portion of the ited license/groundwater statement to be assigned. Example, sold a the right)
hereby assign a portion of my interest license/groundwater statement; (example)	t in and to the entire application/permit/transfer order/limited mple, adding an additional person)
Application # G 104 78 ;	Permit #; Transfer Order #;
Limited License #	; Groundwater Statement #;
s filed in the office of the Water Resources D	Director, to:
as filed in the office of the Water Resources D Nicholas G. Moxley and S	Director, to:
ns filed in the office of the Water Resources D Nicholas G. Moxley and S Name of New Owner) PO Box 104,	Director, to: amuel D. Moxley
as filed in the office of the Water Resources D Nicholas G. Moxley and S (Name of New Owner) PO Box 104, (Mailing Address)  Note: If there are other owners of the prop or groundwater statement, you must attach it to this form. Write the initial transfer order, limited license, or groundwater.	Bonanza, OR 97623 541-810-8280  (City) (State) (Zip) (Phone #)  erty described in the application, permit, transfer order, limited license, to provide a list of all other owners' names and mailing addresses and list (first letters) of your first and last names at the spot indicated below  Il other owners of the property described in this application, permit, atter statement of this Request of Assignment.
Nicholas G. Moxley and S  Name of New Owner) PO Box 104,  Mailing Address)  Note: If there are other owners of the propor groundwater statement, you must attach it to this form. Write the initial transfer order, limited license, or groundwater.	Bonanza, OR 97623 541-810-8280  (City) (State) (Zip) (Phone #)  Perty described in the application, permit, transfer order, limited license, to provide a list of all other owners' names and mailing addresses and list (first letters) of your first and last names at the spot indicated below  Il other owners of the property described in this application, permit,

form must be submitted to the Department

along with the recording fee of \$120.

RECEIVED

Fee receipt # /39800

For Director by Mary F. Bjork. Program Analyst in

Water Rights Division. Un OBi

## O R E G O N

Oregon Water Resources Department

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

WATER RESOURCES www.oregon.gov/owrd
DEPARTMENT

## **Request for Assignment**

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multip	le rights, a separate form and fee	or each right will be required.				
Nic	holas G. Moxley	and Samuel D	. Moxley			
	urrent Holder of Record) Box 104, Bona	nza, OR 97623	3			
Aailing Ad			(City)	(State) (Zip)	(Phone #)	
<b>7</b>	nereby assign <u>all my interest</u> in and t statement; (example,	o the entire application/permit, sold all the land authorized und		license/groundwater		
s					r statement; (You must include a map ed. Example, sold a portion of the land	1
_	nereby assign <u>a portion of my inter</u> adding an additional person)	est in and to the entire applica	tion/permit/transfer o	rder/limited license/grou	ndwater statement; (example,	
	Application #	; Permit #	G-9647	; Transfer Order #		
	Limited License #		; Groundwater Sta	tement#		
filed in th	ne office of the Water Resources D	rector, to:		40		
Nort	hwest Farm Cr	edit Service	, FLCA			
	ew Owner) Klamath Ave,	te 200, Klar	math Fall	s, OR 97601	l	
Nicl	holas G. Moxle	y and Samuel	D. Moxle	(State) (Zip)	(Phone #)	
-	Box 104, Bonar	za, OR 97623				
ailing Add	dress)		(City)	(State) (Zip)	(Phone #)	
m/2	initials (first letters) of your fir	ou must provide a list of all or est and last names at the spe tified all other owners of th	ot indicated below_	s and mailing addresses	and attach it to this form. Write the	₽,
Witnes	s my hand this	day of		20	December 20, Pegembe	er 20
	(D	Decustioned by:	(Month)	(Year)		
Signatu	re of Current Holder of Record	707) 28018EE81CC5438	-330082384E204C7			
				eturn of your applicat		

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # /39801 P5 I
For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of DEC 22 2022 \$120.

## **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 applicant all fees submitted will be returned to the applicant.

Michoras G. Hoxie,	y and Samuel D.	Moxley		
lame of Current Holder of Record)	OD 07600			
PO Box 104, Bona	nza, OR 9/623			
Mailing Address)		(City)	(State) (Zip)	(Phone #)
hereby assign <u>all my interest</u> in and statement; (example,	to the entire application/permit/t		Hicense/groundwater	
			7	ater statement; ( <u>You must include o map</u> ligned. Example, sold a portion of the land
hereby assign a portion of my inte adding an additional person)	rest in and to the entire application	on/permit/transfer o	rder/limited license/g	roundwater statement; (example,
Application # G-1 (	0478 ; Permit #	G-9647	Transfer Order	·
Limited License #		; Groundwater Sta	tement #	;
ifiled in the office of the Water Resources D		DI CA		
Northwest Farm Cr	edit Services	, FLCA		
300 Klamath Ave,	Ste 200, Klam	ath Fall	s, OR 976	01
Mailing Address)		(City)	(State) (Zip)	(Phone #)
Nicholas G. Moxle	ey and Samuel	D. Moxle	y	a .
lame of New Owner) PO Box 104, Bonai	nza, OR 97623			
Aailing Address)		(City)	(State) (Zip)	(Phone #)
initials (first letters) of your fi	ou must provide a list of all ot irst and last names at the spot otified all other owners of the	her owners' name indicated below_	s and mailing addres	ed license, ses and attach it to this form. Write the , permit, transfer order, limited license,
Witness my hand this	day of		, 20	
	21	(Month)	(Yea	ar)
. (1	Day)	(Worten)	,,,,,	

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # 139801 ps 2
For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

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

455:32 - Approve page 2