Request for Assignment

2/22/23 emailed OREGON

 Oregon Water Resources Department

 725 Summer Street NE, Suite A

 Salem, Oregon 97301-1266

 (S03) 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.

| ı,# | Richard Stach Deborah Gaum | cr | | |
|-------------|---|---|----------------------|--------|
| (Name 20 | e of Current Holder of Record) 949 Winter Nell Circle Medford | OR 9750 | 4 (541)531- | 9691 |
| (Mailin | ng Address) (City) (State) (Zip) | (Phone #) | | |
| \bowtie | hereby assign <u>all my interest</u> in and to <u>the entire</u> application/permit/transfer ord statement; (example, sold all the land authorized under the right) | er/limited license/ | groundwater | |
| | hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer license/groundwater statement; (<u>You must Include a map</u> showing the portion application/permit/transfer order/limited license/groundwater statement to be portion of the land authorized under the right) | of the | e, sold a | |
| | hereby assign <u>a portion of my interest</u> in and to <u>the entire</u> application/permit/t license/groundwater statement; (example, adding an additional person) | ransfer order/limit | | |
| | Application # G · 18223; Permit # G · 17874; Transfer Or | der # | RECEIVED | |
| | Limited License #; Groundwater Statement #; | | MAR \$ 4 2023 | |
| as filed | d in the office of the Water Resources Director, to: | | OWRD | |
| | Zachary Kohler | 1.4 | | |
| (Name | P.D. Box 938 Medford, OR 9751 | 1/511) | 010 0700 | â |
| (Maillr | Ing Address) (City) (State) (Zip) | (Phone #) | 840-850 |) |
| | | | | |
| R | if there are other owners of the property described in the application, permit, or groundwater statement, you must provide a list of all other owners' names a attach it to this form. Write the initials (first letters) of your first and last name i hereby certify that I have notified all other owners of the property described nsfer order, limited license, or groundwater statement of this Request of Assignment. | and mailing address s at the spot indica in this application, | ses and ted below | 2-2023 |
| Wit | tness my hand this 22 day of February 2023 (Day) (Month) (Year) | - | | 17 |
| | (Day) (Month) (Year) | . 11 | | in |
| Sign | nature of Current Holder of Record | erch Da | umer | N.C. |
| | Failure to provide any of the required information will result in the retu | urn of your applica | tion. | St |
| Fe Fc | The completed "Request form must be submitted to along with the recording form form form form form form form form | o the Department | | |

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