## RECEIVED

JUL 3 1 2023

## **Request for Assignment** By Proof of Ownership

OWRD



**Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266

(503) 986-0900 www.oregon.gov/owrd

(If Water Right Holder is Not Available)

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.

ame of Party Requesting Assignment)				
5416 North Way Lane	North Bend	OR	97459	541-751-0054
dailing Address)	(City)	(State)	(Zip)	(Phone #)
hereby request assignment of an entire app	olication/permit/transf	er orde	/limited l	icense/groundwater statement;
hereby request assignment of a <u>portion</u> of a ( <u>You must include a map showing the portion</u> statement to be assigned.)				
Application #S-89132 Per	rmit # S-55383	; Trar	nsfer Orde	r#;
Limited License #obert W. and Gail S. Hunter	; Groundwate	r Statem	nent #	;
ame of Current Holder of Record)				
5416 North Way Lane	North Bend	OR	97459	unavailable
lailing Address)	(City)	(State)	(Zip)	(Phone #)
to: a copy of the deed to the land, a copy of survivorship of property held jointly. The ID  2) I have the legal right to request assi  3) I have not been able to contact the attached proof acceptable to the Department in dentified property owner not a partment in the return of your request. (Proof	Department cannot accignment under OAR 69 owner(s) of record for nent that notice of the y to the assignment. Of may include but not I	cept a control of the about assignment of the control of the contr	opy of a ta 280 and 69 ove referent ent has be 220(2) <u>Fail</u>	xstatement. 90-320-0060. nced transaction. <u>I have</u> een given or attempted for ure to submit this proof will
mailing, copy of a Death Certificate, or a co				ha hasha fassa ba asada da a
4)I further certify that the information				ne best of my knowledge.
	The	20	123	
Witness my hand this $\frac{27+h}{\text{(Day)}}$ day of	(Month)	1	(Year)	I de and

Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.

Fee receipt # 141606

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.

SEP 11 2023

OWRD