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.

(Name of Current Holder of Record	HE	N PRODER	ties			
Mariling Address (City) (State) (Zip) (Phone #)		Holder of Record	10. 20	1 Marchy al	9.7013	C/3 266 8130
hereby assign all my interest in and to 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; (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 a portion of my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (example, adding an additional person) Application # \$\frac{1-5756}{2-9}\$ Permit # \$\frac{1-5433}{2-15433}\$; Transfer Order ###################################	- 10- 4 1 6	5 S. Pak	1000 oca	(City) (State) (Zip		303-200-01 K
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 a portion of my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (example, adding an additional person) Application # G -/575G Permit # G -/5733 : Transfer Order #	hereby ass				order/limited license/g	groundwater
license/groundwater statement; (example, adding an additional person) Application # G-15756 Permit # G-15433; Transfer Order #; Limited License #; Groundwater Statement #; as filed in the office of the Water Resources Director, to: MOANA NURSERY (Name of New Owner) 2 4 3 9 5	license/gro application	oundwater statement; (<u>Yo</u> /permit/transfer order/li	ou must include a mited license/gro	map showing the portion	on of the	e, sold a
as filed in the office of the Water Resources Director, to: MOANA NURSERY (Name of New Owner) 24395 S RORINU RS CANBY OR 970/3 503-266-8 (Mailing Address) Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below. I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment. Witness my hand this 14 day of November 20 3. (Manth) (Year) Signature of Current Holder of Record Manual Nurser Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # 1419 449 For Director by Mary F. Bjork. Program Apalyst in Employed With the recording fee of \$120.					it/transfer order/limit	ed
as filed in the office of the Water Resources Director, to: MOANA NURSERY (Name of New Owner) 24395 S Barlow Rd CANBY OR 9703 503-266-8 (Mailing Address) (City) (State) (Zip) (Phone #) Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below. I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment. Witness my hand this day of November 20 23. (Manth) (Year) Signature of Current Holder of Record Many Muras CRY Failure to provide any of the required information will result in the return of your application. 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 at Many 4:4949 For Director by Mary F. Bjork. Program Analyst in Salem With the recording fee of \$120.	Appli	ation # G-15756	Permit # G-	15433 ; Transfer	Order#	;
(Name of New Owner) 24395 S BORDOW RS CANBY OR 27063 503-266-8 (Moilling Address) (City) (State) (Zip) (Phone #) Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below. I hereby certify that I have notified all other owners of the property described in this application, permit, transfer arder, limited license, or groundwater statement of this Request of Assignment. Witness my hand this // day of // (Day) (Month) (Year) Signature of Current Holder of Record // (Day) (Month) (Year) 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 # // 4/9 4/9 14/9 14/9 14/9 14/9 14/9 14/		Limited License #	; Gr	oundwater Statement #		
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 # 141949 For Director by Mary F. Bjork. Program Analyst in Failure to groundwater statement of this Request of Assignment. Witness my hand this 14 day of 16 November, 20 23. (Manth) (Year) (Manth) (Year) (Year) Figure to provide any of the required information will result in the return of your application. RECEIVE The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$120.	24395		ú Rd		970(3 o) (Phone #)	
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 # /4/ 949 For Director by Mary F. Bjork. Program Analyst in For Director by Mary F. Bjork. Prog	or ground attach it t I hereby transfer arder, I Witness my han	water statement, you must this form. Write the inition of this form.	ast provide a list of ials (first letters) of all other owners water statement lay of (M	fall other owners' name of your first and last nam of the property describ- of this Request of Assign Venber 20 2 onth) (Yea	es and mailing address nes at the spot indicat ed in this application, nment.	ted license, es and ed below permit,
Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt #/4/ 949 For Director by Mary F. Bjork. Program Analyst in Solution Fee of \$120.	Failu	re to provide any of the	required informa	tion will result in the r	eturn of your applicat	
ast undated: July 20, 2021 Request for Assignment WR	Oregon Water R 8:00 a.m. on dat Fee receipt #/ For Director by Mater Rights Director	esources Department effect e of receipt at Salem, Orego 41 949 Mary F. Bjork. Program Anal rision.	tive on. lyst in	form <i>must</i> be submitted along with the recording	to the Department	NOV 17 2023 OWRD SALEM, OREGONS