## **Request for Assignment**

If for multiple rights, a separate form and fee for each right will be required.



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.

| MALLIN                                       | of Current Holder of Recard)                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                          |                                                                                                                                 |            |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|
|                                              | 22648 Nelson Rd,                                                                                                                                                                                                                                                                                | Bend, OR 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Bend, OR 97701                                                  |                                                          | 541.788.5103                                                                                                                    |            |
| (Mailing Address)                            |                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (State)                                                         | (Zip)                                                    | (Phone #)                                                                                                                       |            |
|                                              | hereby assign <u>all my interest</u> in an<br>statement; (example, so                                                                                                                                                                                                                           | d to the entire application/per<br>old all the land authorized unc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                          | limited license/grounds                                                                                                         | wate       |
|                                              | hereby assign <u>all my interest</u> in a<br>license/groundwater statement;<br>application/permit/transfer orde<br>portion of the land authorized un                                                                                                                                            | ( <u>You must include a map</u> shown include a map shown included a map shown | wing the p                                                      | ortion of                                                | the                                                                                                                             | a          |
|                                              | hereby assign a portion of my int<br>license/groundwater statement;                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                          | nsfer order/limited                                                                                                             |            |
|                                              | Application # G-13551                                                                                                                                                                                                                                                                           | ; Permit # <u>G-12766</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ; Tran                                                          | sfer Orde                                                | r#;                                                                                                                             |            |
|                                              | 15-5-415                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                          |                                                                                                                                 |            |
|                                              | d in the office of the Water Resour                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 | ent #                                                    | ;                                                                                                                               |            |
| Name                                         | d in the office of the Water Resour<br>Avion Water Company, Att<br>of New Owner)                                                                                                                                                                                                                | ces Director, to:<br>ention Jason Wick, Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sident                                                          |                                                          | ,                                                                                                                               |            |
| Name                                         | d in the office of the Water Resour<br>Avion Water Company, Att                                                                                                                                                                                                                                 | ces Director, to:<br>ention Jason Wick, Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | esident                                                         |                                                          | (541) 382-5342                                                                                                                  |            |
| Name                                         | d in the office of the Water Resour<br>Avion Water Company, Att<br>of New Owner)<br>50813 Parrell Rd,                                                                                                                                                                                           | ention Jason Wick, Pre  Be (City)  property described in the approach must provide a list of all other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | end, OR s<br>(State)                                            | 97702<br>(Zip)<br>permit, tranames ar                    | (541) 382-5342<br>(Phane #)<br>ansfer order, limited lice<br>and mailing addresses an                                           | ense<br>id |
| /Mailii Not                                  | d in the office of the Water Resour Avion Water Company, Att of New Owner) 50813 Parrell Rd, ng Address)  e: If there are other owners of the or groundwater statement, you attach it to this form. Write the A I hereby certify that I have notifisfer order, limited license, or groundwater. | rces Director, to:  tention Jason Wick, Pre  Be (City)  property described in the approperty described in the approperty described in the approperty described all other initials (first letters) of your fified all other owners of the property described and water statement of this Reserved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | end, OR 9<br>(State)<br>plication, per owners'<br>irst and last | opermit, trainames are st names are scribed in Assignmen | (541) 382-5342 (Phone #) ensfer order, limited lice and mailing addresses an at the spot indicated be this application, permit, | ense,      |
| (Name Note Note Note Note Note Note Note Not | d in the office of the Water Resour Avion Water Company, Att of New Owner) 50813 Parrell Rd, ng Address)  e: If there are other owners of the or groundwater statement, you attach it to this form. Write the A I hereby certify that I have notifisfer order, limited license, or groundwater. | rces Director, to:  tention Jason Wick, Pre  Be (City)  property described in the approperty described in the approperty described in the approperty described all other initials (first letters) of your fified all other owners of the property described and water statement of this Reserved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | end, OR 9<br>(State)<br>plication, per owners'<br>irst and last | opermit, trainames are st names are scribed in Assignmen | (541) 382-5342 (Phone #) ensfer order, limited lice and mailing addresses an at the spot indicated be this application, permit, | ense,      |
| /Mailii Not                                  | d in the office of the Water Resour Avion Water Company, Att of New Owner) 50813 Parrell Rd, ng Address)  e: If there are other owners of the or groundwater statement, you attach it to this form. Write the                                                                                   | rces Director, to:  tention Jason Wick, Pre  Be (City)  property described in the approperty described in the approperty described in the approperty described all other initials (first letters) of your fified all other owners of the property described and water statement of this Reserved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | end, OR 9<br>(State)<br>plication, per owners'<br>irst and last | opermit, trainames are st names are scribed in Assignmen | (541) 382-5342 (Phone #) ensfer order, limited lice and mailing addresses an at the spot indicated be this application, permit, | ense       |

Received

The completed "Request for Assignment" form must be submitted to the Department

along with the recording fee of \$120.

WF

MAR 27 2024

8:00 a.m. on date of receipt at Salem, Oregon.

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