Request for Assignment **By Proof of Ownership**

(If Water Right Holder is Not Available)



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.

If for multiple rights, a separate form and fee for each right will be required. (Name of Porty Requesting Assignment)

10520 SW MIDWAY ROAD HIUSBORO OR 97123 503 789 7050

(City) (State) (Zip) (Phone #) (Name of Porty Requesting Assignment) (Moiling Address) hereby request assignment of an entire application/permit/transfer order /limited license/groundwater statement; hereby request assignment of a <u>portion</u> 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 to be assigned.) Application #5-80141 : Permit # 5-5205\ ; Transfer Order #_____ Limited License #_____; Groundwater Statement #_____; GLENN WALTERS NURSERY, INC. (Name of Current Holder of Record) BANKS OR 97100 PO BOX 280 (Phone #) (Mailing Address) Note: Write the initials (first letters) of your first and last names at the spots indicated below. I certify that I am the current owner of the property described in this application, permit, transfer order, limited license, or groundwater statement. I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement. 2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060. 3) I have not been able to contact the owner(s) of record for the above referenced transaction. I have attached proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2) Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.) I further certify that the information provided herein is true and correct to the best of my knowledge. (Day) day of MARCH (Month) Witness my hand this Signature of Party Requesting Assignment _ Failure to provide any of the required information will result in the return of your application.

Received

The completed "Request for Assignment" APR 0 8 2024 form must be submitted to the Department along with the recording fee of \$120. OWRD

This certifies assignment and record change at Oregon Water Resources Department effective

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

For Director by Mary Bjork. Program Analyst in

Water Rights Division. M 3 B: -

Fee receipt # 142697