

Request for Assignment

If for multiple rights, a separate form and fee for each right will be required.
I, Winena + loy a (Name of Applicant / Permit / Transfer Holder)
(Name of Applicant / Permit / Transfer Holder)
2436 E berlaine Ave Falls OR 97601 541-273-0535 (Mailing address) (City) (State) (Zip) (Phone #)
(Mailing address) (City) (State) (Zip) (Phone #)
hereby assign <u>all my interest</u> in and to application/permit/transfer;
hereby assign <u>all my interest</u> in and to a <u>portion</u> of application/permit/transfer; (You must include a map showing the portion of the application/permit to be assigned.)
hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer;
Application # <u>S-86621</u> , Permit #; Transfer #
GR Statement #, GR Certificate of Registration #
as filed in the office of the Water Resources Director, to:
Walt Seals WATER RESOURCES DEP
(Name of New Owner) SALEM, UPP
47416 HWY 242 Breadbert OR 97414 541-5720129 (Mailing address) (City) (State) (Zip) (Phone #)
(Mailing address) (City) (State) (Zip) (Phone #)
NOTE: If there are other owners of the property described in this Application, Permit, Transfer or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form. I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.
I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.
Witness my hand this July day of
Applicant/Permit holder Minore
Applicant/Permit holder
DO NOT WRITE IN THIS BOX
This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Affen, Oregon Fee receipt # 67 32 For Director by Jerry Sauter, Mogram Analyst in Water Rights Division