

Request for Assignment

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

I, James D. Gilbert, a single pe				_			_	
(Name of Applicant / Per	mit / Transfer He	older)						
28696 S. Cramer Rd	Molalla Molalla	OR	97038		3-651-3737		_	
(Mailing address)	(City)	(State)	(Zip)	(Phone #)			
hereby assign all my inter	est in and to app	lication/per	mit/transfer;					
(You must include a map		_						
hereby assign a portion of	<i>my interest</i> in an	d to the en	tire application	on/permi	it/transfer;			
Application # _6-/5808	, Permit # 🕰	-15808 G-19	3483_; Trans	sfer #			-	
GR Statement #							-	
as filed in the office of the Water	r Resources Dire	ctor, to:						
Northwest Farm Credit Services	s, FLCA <mark>and J</mark> am	es D. Gilbe	ert					D.
(Name of New Owner)								ğ
PO Box 13309	Salem	OR	9730	9-9831	503-373-3000)	7	10.17.200g
(Mailing address)	(City)	(Sta	ite) (Zip)	(P	Phone #)		9)	÷
NOTE: If there are other Certificate of Grames and mails	ound Water Regi ng addresses and	stration, you attach it to	u must provid this form.	de a list	of all other own	iers'	0.6.	J. [-4].
I hereby certify that I have notif or Certificate of Registration of		•	roperty descr	ibed in t	this Application,	, Permit		`
Witness my hand this/S	_ day of <u>Oc 7</u>	ber	, 20 <u>07</u>			RE(CEIVE	D
Applica	nt/Permit holder	1	Gilbe	N		OCT	1 7 20	07
	nt/Permit holder				W		SOURCE M, OREGO	,

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 Salem, Oregon.

Fee receipt # 90221 For Director by Jerry Saut Water Rights Division

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