

Request for

By Proof of Ownership (If Permit/Transfer Holder is not available)

(Name of Larry Requesting I	ssignment)				
1206 Jacquelyn Street	Milton-Freewater	OR	97862	(541) 619-6173	
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)	
hereby request assign	ment of application/permit/tra	nsfer;			
	ment of a <u>portion</u> of applicati map showing the portion of th			(transfer to be assigned.)	
I have attached proof of ownersh of a land sales contract, a court of Department cannot accept a copy	der or decree, documentation of a tax statement.	of surviv	orship of pr	operty held jointly. The	
Application # N/A GR Statement # N/A Androw Millor	; Permit # N/A -OR-	; Tra	ansfer#	N/A RECEI	VE
GR Statement # N/A	; GR Certificate of Registrati	on #	GI	MAY 7 3	200
Aliulew ivillal				WATER RESOUR	CES
(Name of Permit/Transfer H	older of Record)			WATER RESOUR SALEM, OR	ĔĞŎ
Route 2, Box 44	Milton-Freewat	er_OR	97862	N/A	
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)	Ū
	nch identified property owner in the return of will result in the return of	not a part <i>your requ</i>	y to the assi uest. (Proof	of the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.)	R. ASSLEN BY PREST
 I certify that I am the cur of Registration. I have the legal right to right. 	rent owner of the property desequest assignment under OAF ontact the owner(s) of record to the property of the contact the owner(s) of record to the provided herein is	scribed in R 690-310 for the ab	-0280 and (ced application or water	O.R. ACS
 I certify that I am the cur of Registration. I have the legal right to a I have not been able to cright. I further certify that the interest of the control of the	rent owner of the property desequest assignment under OAF ontact the owner(s) of record to	scribed in R 690-310 for the ab	-0280 and (ove reference to the	ced application or water	O.R. ASS
 I certify that I am the cur of Registration. I have the legal right to right. 	rent owner of the property desequest assignment under OAF ontact the owner(s) of record to	scribed in R 690-310 for the ab	-0280 and (ove reference to the	ced application or water	O.K. ACS

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 # **7260**For Director by Jerry Saute Frogram Arelyst

Water Rights Division

The completed "Request for Assignment form must be submitted to the Department along with a recording fee of \$50.