

## Request for **Assignment**

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

| (Name of Applic   | cant / Permit / Transfer H  | (older)  |                               |   |   |     |
|---|---|--|-------------------------------|---|---|-----|
| 4985 Battle Creek Rd,   | SE, Suite 🔒 Salem   | OF   | ₹ 97                          | 306   | 503-585-8789  |     |
| (Mailing address)   | (City)  | (State)  | (Zip)                         |   | (Phone #)   | _   |
| hereby assign <u>al</u>   | l my interest in and to app   | olication/p  | ermit/t                       | ransfer;  |   |     |
|   | <u>l my interest</u> in and to a <u>p</u> ode a map showing the por   |  |                               | •   |   |     |
| ☐hereby assign <u>a r</u>   | portion of my interest in a   | nd to the e  | <u>ntire</u> a                | pplication/   | permit/transfer;  |     |
| Application #   | , Permit #  |  | _                             | _; Transfe  | #_ <b>T</b> -7126   |     |
| GR Statement #  | , GR Certific   | -OK-<br>cate of Res  | zistrati                      | on#   |   |     |
|   | Services, FLCA and Mat  | nonia Inc.,  | a corp                        | oration   |   |     |
|   |   | С  | R                             | 97309   | 503-373-3000  |     |
| (Name of New Owner) P O Box 13309 (Mailing address)   | Salem (City)  |  | R<br>tate)                    | 97309<br>(Zip)  | 503-373-3000<br>(Phone #)   | -   |
| P O Box 13309 (Mailing address)  NOTE: Certific   | Salem   | (S) roperty de istration, )                                | tate)<br>scribed              | (Zip) d in this Ap                                    | (Phone #)   |     |
| P O Box 13309 (Mailing address)  NOTE: If there Certific names of the control of | Salem (City) are other owners of the pate of Ground Water Reg   | roperty de istration, y d attach it                        | scribed<br>you mu<br>to this  | (Zip) d in this Apest provide of form.                | (Phone #)  plication, Permit, Transport of all other owne                           | rs' |
| P O Box 13309 (Mailing address)  NOTE: If there Certific names of the certificate of Registration (Mailing address)   | Salem (City)  are other owners of the plate of Ground Water Regard mailing addresses and ave notified all other owneration of this request for a day of | roperty de istration, y d attach it ters of the assignment | scribed vou mu to this proper | (Zip)  d in this Ap est provide of form.  ty describe | (Phone #)  plication, Permit, Trance list of all other owned in this Application, I | rs' |

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 # 23225

For Director by Jerry Sauter Water Rights Division 1

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

RECEIVED

WR

Last updated: June 1, 2007

Request for Assignment/1

JUL 0 9 2008 WATER RESOURCES DEPT. SALEM, OREGON