

Request for **Assignment**

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

(Name	of Applicant / Permi	i / Transjer H	0140.)				
4985 Battle C	reek Rd, SE, Suite 🔐	(Salem	OF	₹ 97	306	503-585-8789	
(Mailing ad		(City)	(State)	(Zip)		(Phone #)	
hereby	assign <i>all my interest</i> assign <i>all my interest</i> aust include a map sh	t in and to a <u>pa</u>	o <u>rtion</u> of a	pplica	tion/permit	•	
☐hereby a	assign <u>a portion of m</u>	<i>y interest</i> in an	nd to the <u>e</u>	<u>ntire</u> a	pplication/	permit/transfer;	
Application #		_, Permit #	O.P.		_; Transfer	#_ T-7126	
GR Statement	#	GR Certific	<i>-UK-</i> ate of Res	oistrati	on #		
	office of the Water R			0.00	oration		
Northwest Fa	rm Credit Services, F v Owner)	LCA and Mah	onia Inc.,	a corp	oration 97309	503-373-30	
Northwest Fa (Name of Nev P O Box 1330	rm Credit Services, F v Owner) 9		onia Inc.,			503-373-30 (Phone #)	00
Northwest Fa (Name of Nev P O Box 1330 (Mailing addi	rm Credit Services, F v Owner) 9	Salem (City) wners of the prind Water Region	onia Inc., O (S) roperty de istration,)	R (tate) scribed	97309 (Zip) If in this Applies of provide of the second se	(Phone #)	Fransfe
Northwest Fa (Name of Nev P O Box 1330 (Mailing addi NOTE: I hereby certif	rm Credit Services, For Owner) 9 ress) If there are other ov Certificate of Groun	Salem (City) where of the prind Water Reginal addresses and all other owners.	onia Inc., (S) roperty de istration, y d attach it ers of the	eR (tate) scribed you mu to this	97309 (Zip) I in this Apst provide of form.	(Phone #) uplication, Permit, The state of all other or	Transfer
Northwest Fa (Name of Nev P O Box 1330 (Mailing addi NOTE: I hereby certificate	rm Credit Services, For Owner) 9 ress) If there are other over Certificate of Ground names and mailing by that I have notified of Registration of this and this 23 23	Salem (City) where of the prind Water Reginal addresses and all other ownes request for and day of	roperty de istration, y d attach it ers of the ssignment	scribed to this proper i.	97309 (Zip) d in this Apst provide of form. ty describe	(Phone #) uplication, Permit, 7 a list of all other or d in this Application	Transfer

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 rogram Azgalyst in

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

RECEIVED

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Last updated: June 1, 2007

Request for Assignment/1

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