

## Request for **Assignment**

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

If for multiple rights, a separate form and fee for each right will be required.
I, Robert J. Fletcher + Maureen Fletcher
(Name of Party Requesting Assignment)
P.O. BOX 8 Sheridan OR 97378 503-843-3994  (Mailing Address) (City) (State) (Zip) (Phone #)
(Mailing Address) (City) (State) (Zip) (Phone #)
hereby request assignment of application/permit/transfer;
…hereby request assignment of a <u>portion</u> of application/permit/transfer; (You must include a map showing the portion of the application/permit/transfer to be assigned.)
I have attached proof of ownership that may include but not be limited to: a copy of the deed to the land, a copy of a land sales contract, a court order or decree, documentation of survivorship of property held jointly. The Department cannot accept a copy of a tax statement.
Application # 5 - 74030, Permit # 5 - 51815; Transfer#
GR Statement #; GR Certificate of Registration #
SYLVIA POST (Name of Permit/Transfer Holder of Record)
(Name of Permit/Transfer Holder of Record)
(Mailing Address) (City) (State) (Zip) (Phone #)
Note: You are required to furnish proof acceptable to the Department that notice of the assignment has been given or attempted for each identified property owner not a party to the assignment. ORS 537.220(2)  Failure to submit this proof will result in the return of your request. (Proof may include but not be limited to: a copy of returned certified mailing, copy of a Death Certificate, or a court order.)  Please see altached note  1) I certify that I am the current owner of the property described in this application, Permit or Certificate of Registration.  2) I have the legal right to request assignment under OAR 690-310-0280 and 690-320-0060.  3) I have not been able to contact the owner(s) of record for the above referenced application or water right.  4) I further certify that the information provided herein is true and correct to the best of my knowledge.  Witness my hand this 30 day of AOR 1 2 2009.  Party Requesting Assignment RIGHT J. HANNA  Party Requesting Assignment Party Requesting A
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 # 9632 Separate Program Analyst in Water Rights Division

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

RECEIVED

MAY 0 1 2009

WATER RESOURCES DEPT SALEM, OREGON