

Request for **Assignment**

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

(Name of Applicant / Permit /	Transfer Holder)					
P.O. Box 335	Salem	OR	97308-0335	(503)	871-6400	
(Mailing address)	(City) (Stat	e) (Zip)	(Phone #)		
hereby assign all my interest in	and to application	n/pern	nit/transfer;			
hereby assign all my interest in (You must include a map show)	
☐hereby assign a portion of my in	nterest in and to t	he <u>enti</u>	re application/pen	mit/transfer;		
application # <u>G-16164</u> ,	Permit # G-15	833	; Transfer # _	N/A	DEC	EIVED
GR Statement #,						-
ore statement ii,	dic confinence of	Rogist			- DE C	0 8 2009
s filed in the office of the Water Res	ources Director, t	0:			WATER RES	SOURCES DE
iland Water Corp. dba II	lahe Estates	Wate	r System		SALEN	A, OREGON
Name of New Owner)						
3875 Dillon Road Ne	wberg	OR	97132	(503) 312-	-9206	
Mailing address)	(City)	(State	e) (Zip)	(Phone #)		
VOTE: If there are other own Certificate of Ground names and mailing an	Water Registration	n, you	must provide a lis			baaz
hereby certify that I have notified al			perty described in	this Applicati	on, Permit	.v 12.8.2009
Vitness my hand this day Applicant/Per	of <u>Decem</u>	ber	20 <u>09</u> .	ereside	ent	ASS'18
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DO NOT WRITE IN THIS BOX

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.

- For Director by Jerry Sauter, Program Analyst in Water Rights Division The completed "Request for Assignment" form *must* be submitted to the Department along with a recording fee of \$56.475.00