

## Request for Assignment

By Proof of Ownership (If Water Right Holder is Not Available)

Parrett Mountain View Estates Owners Asso (Name of Party Requesting Assignment)				
210 SW Salmanham, Dr. Shanyand		0.0	07140	(ED2) 60E 1760
319 SW Salmonberry Dr. Sherwood  (Mailing Address)	(City)		97140 (Zip)	(503) 625-1760 (Phone #)
vianing Address)	(City)	(State)	(Lip)	(Fnone #)
hereby request assignment of application	/permit/transf	fer/license	GR Certific	cate of Registration;
The state of the s			C /11	(CD C :: "
hereby request assignment of a <u>portion</u> of Registration; (You must include a map sl				e/GR Certificate of
application/permit/transfer/license/GR (				igned.)
a attached area for asymptohin that may inclu	do but not bo	limited to		be deed to the land a con
e attached proof of ownership that may inclu and sales contract, a court order or decree, do				
rtment cannot accept a copy of a tax statement		0.00.	or pro	perty menta jeminiji. Tine
v v "G-13353 5 v "G-1	12114			
lication # G-13353 Permit # G-1	OP.	; `l	ransfer#	
nse # GR Statement #	: GR	R Certifica	te of Regist	ration #
	,			
nke Lumber Company				
(Name of Holder of Record)	*			
17 Marine View Dr. Tacoma		14/4	00422	(000) 040 4054
T Wallie Victo DI. Tacolla		WA	98422	(206) 842-4954
Mailing Address)  te: You are required to furnish proof acceptal given or attempted for each identified pro	perty owner r	(State) partment the	(Zip) nat notice of to the assig	(Phone #)  The assignment has been gnment. ORS 537.220(2)
(Mailing Address)  Ote: You are required to furnish proof acceptal	ble to the Depoperty owner rethe return of sailing, copy of the property desent under OAR (s) of record founded herein is	(State)  Partment the not a party your request of a Death of the about true and of the state of	(Zip)  nat notice of to the assignment (Proof nate) Certificate, this applicate 0280 and 60 over reference correct to the	(Phone #)  The assignment has been gnment. ORS 537.220(2)  may include but not be or a court order.)  tion, Permit, transfer,  90-320-0060.  ed application or water  e best of my knowledge.
(Mailing Address)  ote: You are required to furnish proof acceptal given or attempted for each identified pro Failure to submit this proof will result in limited to: a copy of returned certified most license or GR Certificate of Registration.  1) I certify that I am the current owner of the license or GR Certificate of Registration.  2) I have the legal right to request assignment 1 have not been able to contact the owner right.  4) I further certify that the information providences my hand this 2 day of	ble to the Depoperty owner rethe return of gailing, copy of the property desent under OAR (s) of record founded herein is	eartment the not a party your required a Death of a Death of a Company	(Zip)  nat notice of to the assignment (Proof received this application of the applicatio	(Phone #)  The assignment has been gament. ORS 537.220(2)  may include but not be or a court order.)  tion, Permit, transfer,  90-320-0060.  ed application or water  e best of my knowledge.
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WATER RESOURCES DEPT SALEM, OREGON