



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Request for Assignment

RECEIVED

AUG 09 2010

WATER RESOURCES DEPT
SALEM, OREGON

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

I, BRUCE ROGERS
(Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)

5494 SE 22nd St. Gresham OR 97080 503-663-7511
(Mailing Address) (City) (State) (Zip) (Phone #)

- ☒ hereby assign all my interest in and to application/permit/transfer/license/GR Certificate of Registration;
- ☐ hereby assign all my interest in and to a portion of application/permit/transfer/license/GR Certificate of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)
- ☐ hereby assign a portion of my interest in and to the entire application/permit/transfer/license/GR Certificate of Registration:

Application # 5-87485; Permit # _____; Transfer # _____
-OR-

License # _____; GR Statement # _____; GR Certificate of Registration # _____

As filed in the office of the Water Resources Director, to:

(Name of New Owner)

OR

(Mailing Address) (City) (State) (Zip) (Phone #)

Note: If there are other owners of the property described in the Application, Permit, Transfer, License, or GR Certificate of Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.

I hereby certify that I have notified all other owners of the property described in this Application, Permit, Transfer, License, or GR Certificate of Registration of this Request for Assignment

Witness my hand this _____ day of _____, 20____.

Applicant/Permit Holder Bruce Rogers

Applicant/Permit Holder _____

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.
- Fee receipt # 100710
- For Director by Jerry Sauter, Program Analyst in Water Rights Division Jerry Sauter

The completed "Request for Assignment" form **must** be submitted to the Department along with the recording fee of \$75.

Assign Permit
8-9-2010



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Application # _____; Permit # _____; Transfer # _____
-OR-

License # _____; GR Statement # _____; GR Certificate of Registration # _____

As filed in the office of the Water Resources Director, to:

W. Scott Lovejoy III and Kristy M. Lovejoy
(Name of New Owner)

18665 Macalpine Loop, Bend OR 97702 (541) 585-2578
(Mailing Address) (City) (State) (Zip) (Phone #)

Note: If there are other owners of the property described in the Application, Permit, Transfer, License, or GR Certificate of Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.

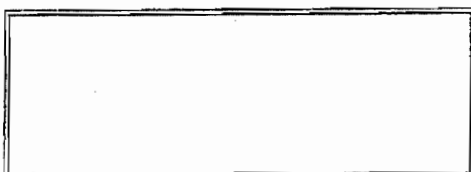
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Applicant/Permit Holder _____

Applicant/Permit Holder _____

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