

Request for Assignment

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

ORADO NE Olivon Physic	Cmaham	00	07020	/ED2\ 640 4444
23400 NE Glisan Street	Gresham		97030	(503) 618-4141
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
hereby assign all my interest in Registration;	and to application/perm	it/transfe	er/license/(GR Certificate of
hereby assign <u>all mv interest</u> in of Registration; (You must inclu- application/permit/transfer/lice	ide a map showing the p	ortion o	f the	
hereby assign <u>a portion of my in</u> Certificate of Registration:	nterest in and to the <u>enti</u>	<u>re</u> applic	ation/perm	nit/transfer/license/GR
plication # G-15348 ; Per	mit # G-15170	:7	Transfer#	
•	-OR-			
ense #; GR Statement	# ; G	R Certifi	cate of Re	zistration #
				
filed in the office of the Water Resou				
filed in the office of the Water Resou				
filed in the office of the Water Resou			97208	(503) 415-6000
filed in the office of the Water Resou Port of Portland (Name of New Owner)	rces Director, to:	OR	97208 (Zip)	
filed in the office of the Water Resou Port of Portland (Name of New Owner) PO Box 3529	Portland (City) roperty described in the	OR (State)	(Zip)	(503) 415-6000 (Phone #)
Port of Portland (Name of New Owner) PO Box 3529 (Mailing Address) Note: If there are other owners of the p GR Certificate of Registration, addresses and attach it to this for I hereby certify that I have notified a Permit, Transfer, License, or GR Cen	Portland (City) roperty described in the you must provide a list of firm. Il other owners of the pritificate of Registration of	OR (State) Applica fall other operty dof this Ro	(Zip) tion, Perm er owners' escribed in	(503) 415-6000 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment
Port of Portland (Name of New Owner) PO Box 3529 (Mailing Address) Note: If there are other owners of the p GR Certificate of Registration, addresses and attach it to this for I hereby certify that I have notified a Permit, Transfer, License, or GR Cen	Portland (City) roperty described in the rou must provide a list a rom.	OR (State) Applica fall other operty dof this Ro	(Zip) tion, Perm er owners' escribed in	(503) 415-6000 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment
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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 Selent, Oregon.

- Fee receipt # (05064)

- For Director by Jerry Sapter Program thatyst Water Rights Division The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$75.

RECEIVED

FEB 17 2012

WATER RESOURCES DEPT SALEM, OREGON