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

Request for
Assignment

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

I, __Amy J. Schanno-Sugg and Steven A. Sugg__
   (Name of Applicant / Permit / Transfer Holder / License Holder / GR Certificate of Registration)

__2445 Eight Mile Road__   __The Dalles, OR 97058__   __(541) 298-6000__
   (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 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 # G-15737_____; Permit # G-15302_____; Transfer # _____

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

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

RECEIVED BY OWRD

__Northwest Farm Credit Services, FLCA__   __3591 Klindt Drive, Suite 110, The Dalles, OR 97058__
   (Name of New Owner)   *(Mailing Address)*   *(City)   (State)   (Zip)*

MAR 1 0 2014

__Amy J. Schanno-Sugg and Steven A. Sugg__
   (Name of New Owner)   SALEM, OR

__2445 Eight Mile Road__   __The Dalles, OR 97058__   __(541) 298-6000__
   (Mailing Address)   *(City)   (State) (Zip)*   *(Phone #)*

Note: If there are other owners of the property described in this 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 _____27th_____ day of _____February_____, 20 _14_____.

Applicant/Permit Holder _____

Applicant/Permit Holder _____

ASSIGN JS 3/11/2014

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 # 111335
- 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 the recording fee of **$85.**

Last updated: July 19, 2013   *Request for Assignment*   *WR*