

Request for Assignment

JAN 16 2015

By Proof of Ownership

SALEM, OF

(If Water Right Holder is Not Available)

(Name of Party Requesting Assignn	nent)			
PO Box 21000	Keizer	OR	97307	503-390-3700
(Mailing Address)	(City)	(State	e) (Zip)	(Phone #)
hereby request assignment of a	pplication/permit/transf	er/licen	se/GR Certi	ficate of Registration;
hereby request assignment of a Registration; (You must includ application/permit/transfer/lice	e a map showing the po	rtion of	the	·
have attached proof of ownership that of a land sales contract, a court order or Department cannot accept a copy of a ta	decree, documentation			
Application #; Pe	rmit #		Transfer#	
Application #; Pe License # GR Statement	# 3067 -OR-	. Certifi	cate of Regi	stration # 2870
	, 01	Comm	oute of reg	SHARION //
(Name of Holder of Record)				
(
2425 Pivor Pood NE	Salam	OR		
3425 River Road NE (Mailing Address)	Salem (City)	OR (State	e) (Zip)	(Phone #)

WR

- This certifies assignment and record change at

Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, oregon.
- Fee receipt # 114 Sol

form must be submitted to the Department

along with the recording fee of \$85.