

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

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

Request for **Assignment**

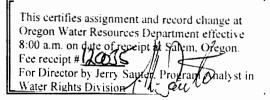
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JUN 03 2016

SALEM, OR

Northwest Farm Credit Services, FLCA (Name of Applicant / Permit / Transfer F	Holder / License Ho	older GR Certificate	of Registration)
650 Hawthorne Ave SE #210	Salem	OR 97301	503-373-3000
(Mailing Address)	(City)	(State) (Zip)	(Phone #)
hereby assign <u>all my interest</u> in and Registration;	to application/perr	nit/transfer/license/	GR Certificate of
hereby assign <u>all my interest</u> in and of Registration; (You must include a application/permit/transfer/license	a map showing the	portion of the	
hereby assign <u>a portion of my intere</u> Certificate of Registration:	<i>est</i> in and to the <u>ent</u>	<u>ire</u> application/perm	nit/transfer/license/GR
Application # G-15808 ; Permit	_# G-15483	; Transfer #	
Application # G-15808 ; Permit ; License #; GR Statement #;	-OR-		
		IR Certificate of Re	gistration #
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner)	Director, to:		
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner)	Director, to:		
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner)	Director, to: Molalla (City) erty described in th	OR 97038 (State) (Zip) e Application, Perm	503-651-2463 (Phone #) it, Transfer, License, or
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner) 28696 S Cramer Rd (Mailing Address) <u>Note:</u> If there are other owners of the prope	Director, to: Molalla (City) erty described in th	OR 97038 (State) (Zip) e Application, Perm	503-651-2463 (Phone #) it, Transfer, License, or
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner) 28696 S Cramer Rd (Mailing Address) <u>Note:</u> If there are other owners of the prope GR Certificate of Registration, you r	Director, to: Molalla (City) erty described in th must provide a list her owners of the p	OR 97038 (State) (Zip) e Application, Perm of all other owners	503-651-2463 (Phone #) it, Transfer, License, or names and mailing h this Application,
As filed in the office of the Water Resources James D. Gilbert, a Trust (Name of New Owner) 28696 S Cramer Rd (Mailing Address) <u>Note:</u> If there are other owners of the prope GR Certificate of Registration, your addresses and attach it to this form. I hereby certify that I have notified all ot	Director, to: Molalla (City) erty described in th must provide a list her owners of the p cate of Registration	OR 97038 (State) (Zip) e Application, Perm of all other owners property described in of this Request for	503-651-2463 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment

DO NOT WRITE IN THIS BOX



The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of **\$85**.

Request for Assignment