

## Request for **Assignment**

By Proof of Ownership (If Water Right Holder is Not Available)

, Glenwand Suzanne Tissue			
(Name of Party Requesting Assignment)			
P.O. Box 486	Williams	OR 97544	541-507-7444
(Mailing Address)	(City)	(State) (Zip)	(Phone #)
hereby request assignment of application	ion/permit/transf	er/license/GR Certi	ficate of Registration;
hereby request assignment of a <u>portion</u> Registration; (You must include a map application/permit/transfer/license/Ga	o showing the poi	rtion of the	
have attached proof of ownership that may incore a land sales contract, a court order or decree, Department cannot accept a copy of a tax states	, documentation		
Application # R-86917 ; Permit # F	R-14509	; Transfer#	
Application # R-86917 ; Permit # F  License # GR Statement #	<i>-OR</i> - ∶ GR	Certificate of Regi	stration #
	, 010	communic of reg.	Stration "
A.J. Bjordahl and Nancy Bjordahl (Name of Holder of Record)			
243 Cedar Flat Road	Williams	OR 97544	Unknown
(Mailing Address)	(City)	(State) (Zip)	
	property owner in the return of y mailing, copy of the property deson. ment under OAR ner(s) of record for covided herein is	not a party to the assivour request. (Proof a Death Certificate cribed in this application of the above references.)	signment. ORS 537.220(2) of may include but not be e, or a court order.) sation, Permit, transfer, 690-320-0060. aced application or water the best of my knowledge.
Party Requesting Assignme	,	10 10000	-2/22/4
DO NOT WRITE IN THIS BOX		C, 10161	RECEIVED B

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SALEM, OR

8:00 a.m. on date of receipt at 8:1em/Orego Fee receipt # 12/633 Water Rights Division