

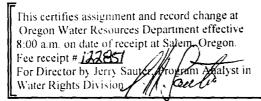


Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301 (503) 986-0900 www.wrd.state.or.us

**Request for** MAR 07 2017 Assignment OWRD

1 Salmon River (Mailing Address)	Lincoln City OF	ł	503-754-1604
		ite) (Zip)	(Phone #)
<ul> <li>hereby assign <u>all my interest</u> in Registration;</li> </ul>	and to application/permit/tra	nsfer/license	GR Certificate of
hereby assign <u>all my interest</u> in of Registration; (You must inclu- application/permit/transfer/lice	ude a map showing the portic	n of the	
hereby assign <i>a portion of my i</i> Certificate of Registration:	<u>nterest</u> in and to the <u>entire</u> ap	plication/per	mit/transfer/license/GR
lication # G-16469 ; Per	mit # G-16034	_; Transfer #	
nse #; GR Statement	<i>-OR-</i> # : GR Ce	rtificate of R	egistration #
The difference of the Water Resources $C c/c$ (Name of New Owner)		.)	
20 SE Dream Weaver Ct.	Happy Valle Of	R 97086	503-701-3113
(Mailing Address)	(City) (Sto	ite) (Zip)	(Phone #)
<u>de:</u> If there are other owners of the p GR Certificate of Registration, <i>addresses and attach it to this fo</i> hereby certify that I have notified a Permit, Transfer, License, or GR Ce	orm. all other owners of the proper	ty described	in this Application,

## 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**.

3/8/2017

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