

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

## Request for Assignment By Proof of Ownership (If Water Right Holder is Not Available)

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

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

Thrive Growers LLC						
Jame of Party Requesting Assignment)	}					_
20 S Auto Mall Dr.	American F		84003	(801) 225-	5011	_
Mailing Address)	(City)	(State)	(Zip)	(Phone #)		
hereby request assignment of an entire	pplication/permit/transfer	order /lim	ited license/g	groundwater state	ment;	
hereby request assignment of a portion must include a map showing the portion to be assigned.) Applies here to Taxlot	n of the application/perm	it/transfer	order /limite	ed license/ground	lwater statemen	t
Application # G13065	_; Permit #G11978	; <del>Trai</del>	<del>nsfer Order</del> #		RECEIVED	BY (
Limited License #	; Groundwa	ter Stateme	nt#	<del>`</del>	AUG 2	5 201
n Meter & Son Nursery Inc.			<u> </u>			_
Tame of Current Holder of Record)	,				SALEN	A, OR
1152 SE 362 Ave	Borin	ıg OR	97009	(503) 668-500	^	
Aailing Address)	(City)	(State)	(Zip)	(Phone #)	<u>.</u>	
Signature of Party Reque	wner of the property descrive attached proof of own d sales contract, a court of t cannot accept a copy of assignment under OAR of the owner(s) of record for at notice of the assignment gament. ORS 537.220(2) but not be limited to: a copation provided herein is tray of (Month)	ribed in this ership that order or decrease a tax statem is 190-310-02. The above at the above of the above of the above of returning the and corrections.	s application may include ree, document.  80 and 690-3 referenced to given or atteresubmit this ped certified in rect to the beauty.  (Year)	, permit, transfer of but not be limited intation of survivor 320-0060.  Transaction. I have mpted for each ideroof will result in mailing, copy of a set of my knowled.	d to: a copy rship of attached entified a the return a Death	MILLEN PREDE PARTIAL
Egiluma to muovido any of the	11.6					1
Failure to provide any of the r  DO NOT WRITE IN THIS BOX	equired information wil	l result in	the return o	of your applicati	on	<u> </u>

The completed "Request for Assignment"

form must be submitted to the Department

along with the recording fee of \$100.

Last updated: July 1, 2017

Fee receipt # 124429

For Director by Jerry Sauter.
Water Rights Division

Oregon Water Resources Department effective

8:00 a.m. on date of receipt at Salen

Request for Assignment if Permit Holder not available

RECEIVED BY OWRE

JUL 27 2017

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