

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

Request for Assignment

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.

I.	Cris Converse, on behalf of Pine Me	adov	v Ran	ch, Inc		
(Name	e of Current Holder of Record) 277 W Sisters View, PO Box 933, S	isters	s, OR	97759	(775) 233-14	33
(Maili	ing Address)	(City)	(State)	(Zip)	(Phone #)	
X	hereby assign <u>all my interest</u> in and to <u>the entire</u> application (example, sold all the land authorized under the	ion/pern right)	nit/transf	er order/lir	mited license/groundw	ater statement;
	hereby assign <u>all my interest</u> in and to <u>a portion</u> of applie statement; (You must include a map showing the portion license/groundwater statement to be assigned. Example,	of the a	pplicatio	n/permit/ti	ransfer order/limited	
	hereby assign <u>a portion of my interest</u> in and to <u>the entire</u> statement; (example, adding an additional person)	e applica	ation/per	mit/transfe	er order/limited license	groundwater
	Application # 4-14486 ; Permit # G-1	3316	; Trar	sfer Order	·#;	;
	Limited License #; Grou	ındwate	r Stateme	ent #	;	
С	ed in the office of the Water Resources Director, to:	-				
	e of New Owner) 520 E Cascade Avenue, PO Box 39, S	isters	s. OR	97759	(541) 549-60	22
	ing Address)	(City)	(State)	(Zip)	(Phone #)	
Not	te: If there are other owners of the property described in th groundwater statement, you must provide a list of all of this form. Write the initials (first letters) of your first an	her own	ers' nam	es and mai	ling addresses and atta	
ord	I hereby certify that I have notified all other owners of der, limited license, or groundwater statement of this Reque	the pro	perty des signment	scribed in	this application, permi	t, transfer
Wit	itness my hand this day of day of (Mor	n be	<u>N.</u> , 20	(Year)	. i	
Sign	gnature of Current Holder of Record	VERS	e, ?	VRS10	lent 200	
	Failure to provide any of the required informati	acto on will	result in	the retur	n of your application	i.
	DO NOT WRITE IN THIS BOX					
201	11					

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt ar stream Oregon.

Fee receipt #12 4747
For Director by Jerry Sau

Water Rights Division

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.

ssignment

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RECEIVED BY OWRD

SEP 2 5 2017

SALEM, OR

+100/90/2 St