

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.

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i <u>.</u>	me of Current Holder of Record)			
Nam	me of Current Holder of Record)	Λ.	27021	FOR 1.15 13117
	<u> </u>			503-645-1342
Mail	iling Address) (City)	(State)	(Zip)	(Phone #)
₫	hereby assign all my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, sold all the land authorized under the right)			
]	hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)			
]	hereby assign a portion of my interest in and to the entire applica statement; (example, adding an additional person)	ation/pen	mit/transfer/	limited license/groundwater
	Application # $6 - 13959$; Permit # $6 - 130$	72.	Fransfer#_	;
	Limited License #; Groundwate	er Statem	ent #	
as fil	illed in the office of the Water Resources Director, to: MOTZ FALM PROPERTIES LLC mne of New Owner) 11 445 N.W. SICYLING BLVD POTILA ailing Address) (City)			
(Nan	nme of New Owner)	0	1 0200	· ~ 1.15 12117
	11445 N.W. SICYLING IDLVD 1815IN	וען מאי	<u> </u>	503-643-1346
(Mai	ailing Address) (City)	(State,) (Zip)	(Phone #)
No	Note: If there are other owners of the property described in the appli groundwater statement, you must provide a list of all other ow this form. Write the initials (first letters) of your first and last	ners' nan	nes and mail:	ing addresses and attach it to
	I hereby certify that I have notified all other owners of the provider, limited license, or groundwater statement of this Request of A	operty de	escribed in th	
"	Witness my hand this 25 day of October	. 2	20 17.	
"	(Day) (Month)	,	(Year)	
S	Signature of Current Holder of Record	Wat	5	
	Failure to provide any of the required information wil	ک I result i	in the retur	n of your application.
	DO NOT WRITE IN THIS BOX			
	For Director by Jerry Sauter, Hangaran Analyston	st be sub		Assignment' a before the control of \$100.
	Water Rights Division / // Jaw		RECEIV	ED BY OWRD WR
	Last updated: Septémber 18, 2017 Request for Assignment	!		rrk

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