

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.

ed and Linda L.	Baumgardner, Lisa	a M. Lawson, and	Richard A. and L	ouann Fa	ist	<u>U/A April 27, 2001, l</u>	
Name of Curren	t Holder of Record,		<u></u>				
320 S Mark Rd			Canby	OR	97013	(503) 702-6274	
Agiling Address hereby as	r) sign <u>all my interest</u> (example, sold all t	in and to the entire he land authorized	(City) e application/perr under the right)	<i>(State)</i> nit/transfe	<i>(Zip)</i> er/limited li	(Phone #) cense/groundwater st	atement;
statement	t: (You must include	e a map showing t	he portion of the d	pplicatio.	n/permit/tro	d license/groundwate ansfer order/limited thorized under the rig	
hereby as	sign <u>a portion of m</u> t; (example, adding	y interest in and to an additional pers	o <u>the entire</u> applic con)	ition/pern	nit/transfer	/limited license/grour	ndwater
1	Application#G	-18383; Permi	t#G-17865_	_; Trans	fer #	;	
	Limited Licens	e#	; Groundwate	r Stateme	ent #	;	
s filed in the off Crossroads Land ————————————————————————————————————		esources Director	to:				
<u> </u>				- OD	07071	(502) 092 5166	
8648 Crosby Ro			Woodbu		97071	(503) 982-5166 (Phone #)	
Mailing Addres:	ij		(City)	(State)	( <i>Lip)</i>	(1 none #)	
ground this for	water statement, yo m. Write the initials	u must provide a l s (first letters) of y	ist of all other ow our first and last	ners' nam names at t	es and mail the spot ind	er order, limited licen ing addresses and atta licated below his application, permi	ach it to
order, limited	license, or groundy	vater statement of	this Request of A	signmen	t.	••	
Witness my h	and this $14^{\frac{1}{2}}$	day of	<u>Vouembe</u>	<u>P</u> , 20	(Year)		
Signature of C	(Day) Current Holder of R	ecord M	da Da	umg	(Year) Wandu	er	
   Fai	lure to provide an	y of the required	information wil	result in	the retur	of your application	n.
DO N	OT WRITE IN TH	IIS BOX					
Oregon Wate 8:00 a.m. on Fee receipt # For Director	by Jerry Sauter (1799)	nent effective em. Oregon. erain Xhaifsi in	form mu.	t be subn		Assignment" e Department of \$100.	
Woter Rights	Division // ///:	1011/02				D BY OWRD	

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SALEM, OR