

Certificate of Water Right **Ownership Update**

NOTICE TO SELLERS & BUYERS:

By law, all water belongs to the public (ORS 537.110). In almost every instance, a permit or water right certificate from the Water Resources Department is needed before using, diverting or storing water (ORS 537.130). However, most domestic wells do not require water rights. A certificate of water right stays with the land. In order to keep track of water right ownership, the Department requests that this form be submitted to the Department. If for multiple rights, a separate form for each right will be required.

Water that has been used for a long time in one place or that involves a water structure (like a dam) that already exists is no guarantee that there is a water right which would allow the water use to continue.

If you have any questions about this form or water right requirements, please contact your local watermaster or call the Water Resources Department at 503-986-0900.

vote: Please type or print legibly when fill PROPE	ing in the jollowing inf RTY SELLER INFO		nal paper if necessary.	ı
Applicant(s): Cline Butte Utility Compa		AUMARION .	-	
Mailing Address: 1230 Golden Pheasant		Last	Last	
Redmond	OR	97756		
City Phone:	541-504-230	 	Zip	_
Home •	Work	 -	Other [1]	- \
PROPI	ERTY BUYER INFO	RMATION	_ RECEI	VLL
Applicant(s): Oregon Water Utilities - Cline	e Butte, Inc.	Last	JUL 1 0	-2017
Mailing Address: 1230 Golden Phea	sant	LEX		3
Redmond	OR	977	56 OVVI	
City Phone:	State 541-504-2305	 	Zip	
PROPERTY DESCR	Work	tional pages if pages	Other	
County: Deschutes Township: 1		ge: 12 East		2 23
Tax Lot Number(s): Multiple - Note t	his is a quesi mun	je: 12 12ast joinal right carvi	Section: 14,15,16,2	operties
		ncipal right servi	ing mandreds of pro	——
Street address of water right property: $\underline{ ext{Eag}}$		<u> </u>		
Water Right Information (attach copy of wat			·	
Application #: G-14857 Perm	it #: G-13856	Certificate or P	age #: 85472	
Will all the lands associated with this wate	r right be owned by th	e buyer? 🔿 Yes 🏽 🕞	No.	
Name of individual completing this form:	Craig Gott	I	Phone: 626-543-255	54_
Signature: Colffee	•	Date: <u>6/</u> Z	0/17	
Please he sure to attach a com	of your property de	ed or leval descripti	ion of the property	•