

Oregon Water Resources Department 725 Summer Street NE, Suite A Salom, 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, Cay	use Vineyards, L.L.C.					
(Name	e of Current Holder of Record)					•
	Box 1602	Walla Walla, WA	99362		509-526-0686	
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)	
х	hereby assign all my interest in and to (example, sold all the land at	the entire application/per athorized under the right)	mit/transfe	er/limited	license/groundwater statemen	t;
	hereby assign <u>all my interest</u> in and to statement; ( <u>You must include a man</u> st license/groundwater statement to be a	howing the portion of the	applicatio	n/permit/	transfer order/limited	
J	hereby assign a portion of my interest statement; (example, adding an addition	in and to <u>the entire</u> applicantly person)	cation/pen	nit/transf	er/limited license/groundwater	•
	Application # G-14831	; Permit # G-13656	;T	ransfer#	<b>:</b>	
	Limited License #	; Groundwa	ter Statem	ent#	;	
North Name	ed in the office of the Water Resources I west Farm Credit Services, FLCA a e of New Owner) straine Box 1602	,	· · · · · · · · · · · · · · · · · · ·	·-·	509-525-2400	
	ing Address)	(City)	<del></del>	(Zip)	509-526-0686 (Phone #)	
Not	te: If there are other owners of the proper groundwater statement, you must pro this form. Write the initials (first lett	vide a list of all other ow	ners' nam	es and ma	illing addresses and attach it to	
ord	I hereby certify that I have notified ler, limited license, or groundwater state	all other owners of the proment of this Request of A	operty des ssignment	scribed in	this application, permit, transf	er
Wi	tness my hand this 26 da (Day)	y of (Month)	, 20	(Your)	th 1	
Sig	mature of Current Holder of Record X				member	
	Failure to provide any of the re	equired information wi	l result in	the retu	rn of your application.	
	DO NOT WRITE IN THIS BOX					_
		form mu		litted to t	r Assignment" he Department of \$100.	

Last updated: September 18, 2017

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CERT 91384 185CIED 5/9/2016