

Ownership Update For Certificated Rights Only

NO FEES ARE REQUIRED TO SUBMIT THIS FORM

NOTICE: A certificate of water right typically stays with the land. In order to track water right ownership, the Department requests that this form be submitted to the Department. To update multiple rights, a separate form is required for each right.

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

This form is not for Applications, Permits, Transfers, Groundwater Registrations, or Limited Licenses. To notify the Department of changes in ownership to these types of authorizations, an Assignment is required.

Current Landowner Information				
Name: Frank Tiegs, L.L.C., a Washington	limited liability cor	npany		
Mailing Address: PO Box 3110				
City: _Pasco	State	e: <u>WA</u>	Zip: 99302	
Phone (Home): Wor				
Property Description				
County: Morrow Township	:_18	Range: 2 (Section:	
Taxlot Number(s): 4500				·
Street Address of water right property:				
Water Right Information: Application:	Per	mit:	Certificate #: _ 82491	
Are all the lands associated with this wate a map showing the portion of the right inv	/olved			
Name of individual completing this form:	Krista A. Pr	sice, mid-colu	_{LM} bia 1:46 Caupa Phone: <u>541-48</u>	11-30-80
Signature of requestor:	015	1, 6	Date:9	18
The Department does not change names o only. The Department does not provide ac	n certificates. This	s form will be plac	ed in the file for future i	`

SEP 1 1 2018



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Current Landowner Information					
Name: Frank Tiegs, L.L.C., a Washington	limited liability	company			
Mailing Address: PO Box 3110		·			
City: Pasco		State: WA		Zip: 993	02
Phone (Home): Wor					
Property Description					
County: Morrow Township	:_25	Range:	25	_ Section: _	
Taxlot Number(s): 500					
Street Address of water right property:		-			·····
Water Right Information: Application:		Permit:	Cert	ificate #: _8	32491
Are all the lands associated with this wate a map showing the portion of the right inv		_			- •
Name of individual completing this form:	Krista A.	Price, mid	-columbia	111746 ione: <u>541</u>	-481-3980 Cambrased
Signature of requestor:	100	2	Da	ite: <u>9</u> [7]	.18
The Department does not change names o only. The Department does not provide ac					ture reference