

## **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,	orthwest Fa	arm Credi	lt Service	s, FLCA			
	of Current Holder Hawthorne		Ste 210,	Salem,	OR 97301	503-373-3	
(Mailir	ng Address)			(City)	(State) (Zip)		
X			and to the entire a		iit/transfer/limited l	icense/groundwater	statement;
	statement; (You m	ust include a r	nap showing the	portion of the a	oplication/permit/tr	ed license/groundwar ansfer order/limited uthorized under the r	
	statement; (examp	ole, adding an	additional persor	1)		r/limited license/grou	ındwater
	Applicati	ion #	; Permi	t #	; Transfer #	T-6185	
					r Statement #		
	d in the office of th L. Kerns &			`	d couple		
(Name 459	of New Owner) 17 Quail Ro	d,		Haines	, OR 97833	541-856-	3449
Maili	ng Address)			<del></del>	·	Sec.	<del></del>
(1/10000)	ng Auuress)			(City)	(State) (Zip)	(Phone #)	,
	e: If there are other groundwater state	tement, you mi	ıst provide a list	ped in the applic	ation, permit, trans	fer order, limited lice ling addresses and at	
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