

Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301 (503) 986-0900 www.wrd.state.or.us

Request for Assignment By Proof of Ownership

(If Water Right Holder is Not Available)

OWRD

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.

The Scotts Company LLC		1 1	,	
(Name of Party Requesting Assignment)				
7644 Keene Road NE,	Gervais	, OR 97026	(503) 792-6229	
(Mailing Address)	(City)	(State) (Zip)	(Phone #)	
hereby request assignment of an entire app	lication/permit/transfe	r/limited license/grou	ındwater statement; hereby r	equest
assignment of a portion of application/pen	mit/transfer/limited lic	ense/groundwater sta	tement; (You must include a	<u>map</u>
showing the portion of the application/per to be assigned.)	mit/ transfer/limited lic	ense/groundwater st	atement	
Application #	; Permit #	; Transfer #	;	
Limited License #	; Groundwa	ter Statement #	₹-898	(
The O M Scott & Sons Company]	<u></u>	N	r
(Name of Current Holder of Record) Marysville, OH 43044	>			
(Mailing Address)	(City)	(State) (Zip)	(Phone #)	
Note: Write the initials (first letters) of your				
1) I certify that I am the current own license, or groundwater statement. I have of the deed to the land, a copy of a land property held jointly. The Department of I have the legal right to request as 3) I have not been able to contact the proof acceptable to the Department that is property owner not a party to the assignment of your request. (Proof may include but	e attached proof of own sales contract, a court of annot accept a copy of ssignment under OAR e owner(s) of record for notice of the assignment ment. ORS 537.220(2)	nership that may included or decree, documents at the statement. 690-310-0280 and 690 are the above reference of the statement of a Failure to submit the	nde but not be limited to: a comentation of survivorship of 0-320-0060. In the distribution of the distri	ору <u>d</u>
Certificate, or a court order.) 4) 1 further certify that the informati	on provided herein is t	rue and correct to the	best of my knowledge.	
Witness my hand this day	of October	20 \8 .		
Witness my hand thisday (Day)	(Month)	(Year)		′.
Signature of Party Request	-	inse	<u> </u>	
Failure to provide any of the req	uired information wi	II result in the retui	n of your application.	
DO NOT WRITE IN THIS BOX		ン 、		
	form mi	npleted "Request for ust be submitted to the the recording fee	ne Department of \$100.	
Last updated: September 18,2017 Requ	est for Assignment if Peri	nit Holder not availabl	e DEPOR 2 8 20	18