

## Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, 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.

<sub>L</sub> Bob Holdin	g Co. LLC, Attn: Micl	nael Stroud	;			
(Name of Current	Holder of Record)					
6904 SE Rive	rside Dr. #2	V	ancouver	, WA 98664	503-849-340	14
(Mailing Address)		,	(City)	(State) (Zip)	(Phone #)	
	sign <u>all my interest</u> in and t example, sold all the land			t/transfer/limited lic	cense/groundwater	statement;
statement;	hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer/limited license/groundwater statement; ( <u>You must include a map</u> showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)					
	sign <u>a portion of my interes</u> ; (example, adding an addi		ire applicat	ion/permit/transfer/	limited license/gro	oundwater
Α	pplication # G-18574	; Permit #		; Transfer #	·····	* .
	Limited License #	; G	roundwater	Statement #		<u>.</u> .
as filed in the offi	ce of the Water Resources			er vicinitation of the grant		
Jack Hempicin	ne LLC, Attn: Seth Cra	wford	Marie 1	and the second of the second of the second	A CONTRACTOR OF THE STATE OF TH	
(Name of New Ow 7744 NW Mir			Albany	, OR 97321	541-760-541	<b>.9</b> ,
(Mailing Address)			(City)	(State) (Zip)	(Phone #)	
groundw this form I hereby order, limited l	re other owners of the provater statement, you must part. Write the initials (first legrentify that I have notified icense, or groundwater statement)	rovide a list of all tters) of your first I all other owners tement of this Req	other owne and last na of the prop uest of Ass	rs' names and maili mes at the spot indi erty described in th ignment.	ng addresses and a icated below is application, per	attach it to  mit, transfer
Signature of Cu	nd this (Day)  urrent Holder of Record	lay of (A)  Med St	fonth)	, 20 <u>17</u> . (Year) 44~4~cn_13c	of Howards C	o LLC
	ire to provide any of the	•				
DO NO	OT WRITE IN THIS BOX					
			form must	eted "Request for A be submitted to the the recording fee of	Department	RECEIVE

Last updated: September 18, 2017

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JUN 0 3 2019

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