

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 Do | of Current Holder of Record) | on behalf of St | ate of Orego | on, Ored | on State | Hospital |
|-------------------|--|-------------------------------|-----------------|-----------|---------------------|---------------------------------------|
| (Name | of Current Holder of Record) | | | | | |
| 26 | 600 Center Street NE | | Salem, | OR | 97301 | (503) 945-2800 |
| (Mailing Address) | | (City) | (State) | (Zip) | (Phone #) | |
| × | hereby assign <u>all my interest</u> in and to <u>the entire</u> application/permit/transfer/limited license/groundwater statement; (example, sold all the land authorized under the right) | | | | | |
| コ | hereby assign all my interest in and to a portion of application/permit/transfer/limited license/groundwater statement; (You must include a map 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) | | | | | |
| | hereby assign a portion of my i statement; (example, adding an | | entire applica | tion/pern | nit/transfer/ | limited license/groundwater |
| | Application # | ; Permit # | · | ; T | ransfer#_ | <i>:</i> |
| | Limited License # | [‡] ; | Groundwate | r Stateme | ent # GR- | 691 , |
| as file | d in the office of the Water Reso | ources Director, to: | | | | |
| Or | egon Department of Correct | tions Attention: (| Chad Naugle | Э | | |
| | of New Owner) | I. | | | , | |
| | 01 State Street | | Salem | OR | 97301 | (503) 373-7544 |
| (Maili | ng Address) | | (City) | (State) | (Zip) | (Phone #) |
| | - , | | , • | | , | |
| Not | e: If there are other owners of the groundwater statement, you n this form. Write the initials (f | nust provide a list of | all other own | ers' name | es and maili | ng addresses and attach it to |
| l | er, limited license, or groundwate | er statement of this I | Request of As | signment | • | is application, permit, transfer |
| Wit | tness my hand this /6/3 (Day) | day.ofoct | Ober (Month) | , 20 | <u>/9</u> (Year) | |
| Sig | nature of Current Holder of Reco | ord A | | | | |
| | Failure to provide any o | f the required info | rmation will | result in | the return | of your application. |
| | This certifies assignment and reco Oregon Water Resources Departm 8:00 a.m. on date of receipt at Sale Fee receipt # | nent effective em, Oregon. | form must | be subm | | Assignment" Department f \$100. |

Last updated: September 18, 2017 Request for Assignment

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