

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

Request for Assignment

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.

11 S. Goosegar	<i>t Holder of Record)</i> p Road	Benton C	ity, WA	99320	(509) 94	8-6024
Mailing Address,	<u> </u>	(City)	(State)	(Zip)	(Phone #)	· · · · · ·
	sign <u>all my interest</u> in and t (example, sold all the land			er/limited	license/groundw	vater statement;
statement	ssign <u>all my interest</u> in and t; (You must include a map roundwater statement to be	showing the portion of the	applicatio	on/permit/	transfer order/li	mited
	ssign <u>a portion of my intere</u> t; (example, adding an addi		cation/per	mit/transf	er/limited licens	e/groundwater
A	Application # <u>G-15325</u>	; Permit # <u>G-18147</u>	; T	ransfer#_	T-12828	_;
	** *	; Groundwat	er Stateme	ent#	;	
M.ta	. Sice of the Water Resources	: Director, to:				
M.ta	fice of the Water Resources hell R. Doub wner) 5 RINGER ROAD	: Director, to:				11-965-0
Note: If there groundy this form	. Sice of the Water Resources	E M. Iton - FREE (City) perty described in the apple provide a list of all other owesters) of your first and last dall other owners of the production.	(State) ication, per ners' name names at topperty description.	(Zip) ermit, tran es and mai he spot in cribed in t	(Phone #) sfer order, limite lling addresses andicated below_	d license, or ad attach it to
Note: If there a groundy this form I hereby order, limited Witness my har signature of Comparison	fice of the Water Resources hell R. Dove wner) S RINGER ROAD s) are other owners of the pro water statement, you must p m. Write the initials (first le y certify that I have notified	perty described in the applorovide a list of all other owners of the protectors of this Request of day of Danuary (Month)	(State) ication, peners' names at topperty descassignment, 20	(Zip) ermit, transes and maines and maines are interpreted in the cribed in the cribe	(Phone #) sfer order, limite lling addresses andicated below_his application, p	d license, or ad attach it to permit, transfer

Fee receipt # 131861 For Director by Mary F. Bjork. Program Analyst in Water Rights Division. form *must* be submitted to the Department along with the recording fee of \$100.

Last updated: September 18, 2017 Request for Assignment

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