

## 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.

RECEIVED

		or turning in the requirem		DIRECT N
	WC, LLC, a Limited Liability Company e of Current Holder of Record)			APR 03 202
2779	Twilight Dr	Nyssa, OR 97913		
	ing Address)	(City) (State) (Zip)	(Phone #)	OWRD
$\boxtimes$	hereby assign <u>all my interest</u> in and to gexample, sold all the land autho	the entire application/permit/transfer/limirized under the right)	ted license/groundwater statement;	
□.	statement; (You must include a map she	a portion of application/permit/transfer/lin towing the portion of the application/perm signed. Example, sold a portion of the la	nit/transfer/limited	
	hereby assign a portion of my interest is statement; (example, adding an addition	in and to the entire application/permit/trainal person)	nsfer/limited license/groundwater	
	Application #;	Permit # <u>G-17562</u> ; Transfer #	;	
	Limited License #	; Groun	ndwater Statement #	;
as file	ed in the office of the Water Resources D	irector, to:		
	west Farm Credit Services, FLCA			
(Nam	e of New Owner)	(Mailing Address) (City)	(State) (Zip)	
	C, LLC, a Limited Liability Company Name of New Owner)			
2779	Twilight Dr	Nyssa, OR 97913		
(	(Mailing Address)	(City) (State) (Zip)	(Phone #)	
	groundwater statement, you must provide this form. Write the initials (first letters  I hereby certify that I have notified all	de a list of all other owners' names and m s) of your first and last names at the spot if the owners of the property described in	nailing addresses and attach it to indicated below  n this application, permit, transfer	
order	, limited license, or groundwater statemen	nt of this Request for Assignment		
Witne	ess my hand this 20	day of day of	, 20 <b>2</b>	(Vaar)
	(Day)		(Month)	(Year)
Signa	ture of Current Holder of Record The VAUGHNES character Failure to provide any of	e Schalthies Family Ithies Trustee the required information will result in	y TrusT U.A.D. Con the return of your application.	2-80 member
	OT WRITE IN THIS BOX			
E117	ing the most of the Consensus. Same of Age of these.	The completed "Request for A form <i>must</i> be submitted to the along with the recording fee of	e Department	
Sylva Strike		payara a spanione sy av la	Sand a language of the	



Last updated: September 18, 2017