

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.

600	of Current Holder of Atlantic Avenue	,		Boston	MA	02210	
	ng Address)			(City)	(State)	(7in)	(Phone #)
<u> </u>	hereby assign all my		l to <u>the entire</u> appli d authorized under	cation/pern	,		cense/groundwater statement;
	statement; (You mu	st include a maj	p showing the port	ion of the a	pplication	n/permit/tro	d license/groundwater unsfer order/limited thorized under the right)
	hereby assign a por statement; (example			tire applica	ation/pern	nit/transfer/	/limited license/groundwater
	Applicatio	n #	; Permit #		; T	ransfer #	;
	Limite	ed License # 16	, c	Groundwate	er Stateme	ent #	;
s file	d in the office of the	Water Resource	es Director, to:				
KY	LIX VINEYAR						
KY Name	LIX VINEYARI of New Owner)	DS OREGON	N LLC	ontreal, C	OC, Cana	ada, H3B	5E9, 1-514-218-3657
Name 125	LIX VINEYARI of New Owner)	DS OREGON	N LLC	ontreal, Q		ada, H3B (Zip)	5E9, 1-514-218-3657 (Phone #)
KY Name 125 Maili	LIX VINEYARI e of New Owner) 0 Rene-Levesque ng Address)	DS OREGON	Suite 1400, Mo	(City)	(State)	(Zip)	(Phone #)
KY Name 125 Maili	CLIX VINEYARI of New Owner) O Rene-Levesque ng Address) e: If there are other of groundwater states	Blvd. West,	Suite 1400, Mo	(City) n the applic	(State)	(Zip)	
Name 125 Maili	CLIX VINEYARI e of New Owner) O Rene-Levesque ing Address) e: If there are other of groundwater states this form. Write the	e Blvd. West, wwners of the priment, you must the initials (first hat I have notific groundwater st	Suite 1400, Mo	(City) In the application of the product of Asserting (City)	cation, per ners' name names at t	(Zip) rmit, transfers and mailifies spot indicated in the	(Phone #) er order, limited license, or ng addresses and attach it to
Name 125 Maili	cof New Owner) O Rene-Levesque ing Address) e: If there are other of groundwater states this form. Write th I hereby certify th	e Blvd. West, wwners of the priment, you must the initials (first hat I have notific groundwater st	Suite 1400, Mo	(City) In the application of the product of Asserting (City)	cation, per ners' name names at t	(Zip) rmit, transfers and mailifies spot indicated in the	(Phone #) er order, limited license, or ng addresses and attach it to icated below
Not	cof New Owner) O Rene-Levesque ing Address) e: If there are other of groundwater state this form. Write th I hereby certify th er, limited license, or	e Blvd. West, wwners of the priment, you must the initials (first hat I have notific groundwater st	Suite 1400, Mo	(City) In the application of the product of Asserting (City)	cation, per ners' name names at t	(Zip) rmit, transfers and mailifies spot indicated in the	(Phone #) er order, limited license, or ng addresses and attach it to icated below
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Last updated: September 18, 2017

For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

Fee receipt # /3299 /

Request for Assignment

along with the recording fee of \$100.

form must be submitted to the Department

RECEIVED

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ASSISA-Approve