

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.

Name of New Owner) 1250 Rene-Levesque Blvd. West, Suite 1400, Montreal, QC, Canada, H3B 5E9, 1-514 Mailing Address) (City) (State) (Zip) (Phone #) Note: If there are other owners of the property described in the application, permit, transfer order, limited groundwater statement, you must provide a list of all other owners' names and mailing addresses and this form. Write the initials (first letters) of your first and last names at the spot indicated below I hereby certify that I have notified all other owners of the property described in this application, product, limited license, or groundwater statement of this Request of Assignment. Witness my hand this 26th day of June , 2020 (Day) Docusigned by: (Year)	ston MA 02210	MA	Boston	e of Current Holder of Record) Atlantic Avenue
hereby assign all my interest in and to a portion of application/permit/transfer/limited license/ground statement; (You must include a map showing the portion of the application/permit/transfer order/limi license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/g statement; (example, adding an additional person) Application #; Permit # S-54990 ; Transfer #; Groundwater Statement #; still fill fill fill fill fill fill fill	ty) (State) (Zip) (Phone #)	(State)	(City)	ing Address)
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order, limited license, or groundwater statement of this Request of Assignment.	owners' names and mailing addresses and attach it to	ers' name	ther own	groundwater statement, you must provide a list of all
Witness my hand this 26th day of June , 2020 (Year)				
(Day) Docusigned by: (Year)	, 20 20	. 20		tness my hand this 26th day of June
Pamela W. Ealeston	(Year)		4 5	(Day)DocuSigned by:
Cianatana of Community Validary of Dansard	ton		yleston	Pamela W. E
Signature of Current Holder of Record		***************************************		mature of Current Holder of RecordDA3772A21F244EB
Failure to provide any of the required information will result in the return of your applica		result in	tion will i	Failure to provide any of the required informa

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.

8:00 a.m. on date of receipt at Salem, Oregon.

For Director by Mary F. Bjork. Program Analyst in

Fee receipt # 132991