## WRU OF COMMAND OF COMM

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

## **Request for Assignment**

RECEIVED
AUG 27 2020

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 fe	e for each right wil	be requir	ed.		
I, Sco	ott H. McKenzie					
(Nam	ne of Current Holder of Record)					
PO B	PO Box 281		Sixes, OR 97476 (City) (State) (Zip)		541-332-3381	
(Mail	ling Address)	(City)	(State)	(Zip)	(Phone #)	
$\boxtimes$	hereby assign <u>all my interest</u> in and (example, sold all the land at			it/transfer/limi	ted license/groundwater statem	ent;
	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/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)					
hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)						er
	Application # <u>S-74012</u>	; Permit # <u>S-52</u>	994	; Tran	sfer #;	
	Limited License #	; Gı	oundwate	r Statement #_		
as file	ed in the office of the Water Resources	Director, to:				
North	hwest Farm Credit Services, FLCA	2222 NW KI	ine St. Ro	seburg, OR 97	471-1739	
	ne of New Owner)	(Mailing Add		(City)	(State) (Zip)	
	enzie Family Properties, LLC, a Limit (Name of New Owner)	ed Liability Compa	ny			
PO	Box 281	Six	s, OR 974	176	(541) 332-3381	
	(Mailing Address)	(City)	(State)	(Zip)	(Phone #)	
Note	If there are other owners of the proper groundwater statement, you must prothis form. Write the initials (first lets I hereby certify that I have notified	ovide a list of all others) of your first an	er owners d last nam	names and m	nailing addresses and attach it to indicated below	2 2
	, limited license, or groundwater states	nent of this Reques	for Assig	nment		4
Witn	ess my hand this(Da	7Z day	y of	LucusT	(Month) , 20	
	(Da	0 4	111		(Monu)	(Year)
Signa	ature of Current Holder of Record	2011 H	Nixe	nje		
			formation	will result in	the return of your applicatio	n.
8:0 Fe Fo	is certifies assignment and record cha egon Water Resources Department ef 00 a.m. or date of receipt at Sallem, Or e receipt# /33341 r Director by Mary F. Bjurk: Prugram A	fective egon. The form	n must be	d "Request for submitted to t e recording fee	he Department	