

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	RECEIVE					
I, R	OCT 0-5 202					
•	e of Current Holder of Record) 3460 N HWY 99W	Dayton	OR	97114	1	
	ing Address)	(City)	(State)		(Phone #)	OWRD
	hereby assign all my interest in and to the ent (example, sold all the land authorized hereby assign all my interest in and to a port statement; (You must include a map showing license/groundwater statement to be assigned	ed under the right) ion of application/po the portion of the a	ermit/tran	nsfer/limite	d license/groundwa	ator
X	hereby assign a portion of my interest in and statement; (example, adding an additional pe Application #; Pe Limited License #	rson) ermit#S54467	T	ransfer#_	/limited license/gr	undwater
No.:	d in the office of the Water Resources Director rthwest Farm Credit Service e of New Owner) O Hawthorne Ave SE Ste 21 ing Address)	FLCA	OR (State)	97301 (Zip)	(Phone #)	
Wi Sig	this form. Into the mitials (first letters) of I hereby certify that I have notified all othe er, limited license, or groundwater statement of the statement of the mitials (first letters) of an into the mitials (first letters) of the statement of of the state	list of all other own your first and last no er owners of the profession of this Request of Assemble (Month) Your may sour factors of the profession of the	pers' name ames at the perty designment. , 20 Docusion of the person o	es and mailine spot indicated in the cribed in the control of the	ing addresses and a icated below is application, perr	attach it to mit, transfer No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Oreg 8:00 Fee For	certifies assignment and record change at gon Water Resources Department effective a.m. on date of receipt at Salem, Oregon. receipt #/336/5 Director by Mary F. Bjork. Program Analyst in er Rights Division.	The comp	leted "Re be subm	equest for A	Assignment" Department	<u></u>

Ore 725 Sale (503 WW

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If for multiple rights, a separate form and fee for each right will be required.

r Rv	an Maxson, Clark & Joan Fir	estone										
	of Current Holder of Record)					_						
_18	460 N HWY 99W	Dayton		97114		_						
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)							
	hereby assign <u>all my interest</u> in and to <u>the entire</u> application/permit/transfer/limited license/groundwater statement; (example, sold all the land authorized under the right)											
	hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer/limited license/groundwater statement; (You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right)											
X	hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)											
	Application # <u>S87129</u> ; Perm	nit#_ <u>\$54467</u>	; T	ransfer#								
	Limited License #	; Groundwater	Stateme	ent #	;							
as file	d in the office of the Water Resources Director, to	o:										
	thwest Farm Credit Services of New Owner)	FLCA				_						
	O Hawthorne Ave SE Ste 210 ng Address)	Salem, (City)	OR (State)	97301 (Zip)	(Phone #)	_						
Note	e: If there are other owners of the property descri groundwater statement, you must provide a list this form. Write the initials (first letters) of yo	t of all other owner our first and last n	ers' name ames at t	es and mailin he spot indic	g addresses and attach it to cated below							
orde	I hereby certify that I have notified all other of the limited license, or groundwater statement of the	owners of the proprist Request of Ass	perty des signment	cribed in this	s application, permit, transfer							
Wit	ness my hand thisday of	(Month)	, 20	(Year)								
Sig	nature of Current Holder of Recordnature of Current Holder of Record			_								
Sig	mature of Current Holder of Record Failure to provide any of the required in	nformation will	result in	the return o	of your application.							
	DO NOT WRITE IN THIS BOX											
Ţ.		The comp	leted "Re	equest for A	ssignment"							
		form must	be subm	itted to the I rding fee of S	Department							