

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.

	of Current Holder of Record) Center Street NE, Suite 500	Salem	OR 97304	971-304-5770
	ng Address)	(City)	(State) (Zip)	
3	hereby assign <u>all my interest</u> in and to <u>the entire</u> a (example, sold all the land authorized un	application/pern		
]	hereby assign all my interest in and to a portion statement; (You must include a map showing the license/groundwater statement to be assigned. Ex	portion of the a	pplication/perm	it/transfer order/limited
]	hereby assign a portion of my interest in and to the statement; (example, adding an additional person		ntion/permit/tran	sfer/limited license/groundwater
	Application #; Permi	t #	; Transfer	#;
	Limited License #	: Groundwate	r Statement # G	R-3159 ;
		, Ground water		
s file				
	d in the office of the Water Resources Director, to			
Orego				
Orego Name	d in the office of the Water Resources Director, to in Behavioral Hospital, LLC		CA 90401	310-566-0640
Orego Name	d in the office of the Water Resources Director, to in Behavioral Hospital, LLC of New Owner)			310-566-0640
Orego (Name 1333 2 (Maili	d in the office of the Water Resources Director, to in Behavioral Hospital, LLC e of New Owner) 2nd Street, Suite 650, Santa Monica	(City) Deed in the applic of all other own in first and last rwners of the pro	CA 90401 (State) (Zip) cation, permit, tracers' names and rames at the spot	ansfer order, limited license, or mailing addresses and attach it to trindicated below
Note Norego Name 1333 2 Maili Note	d in the office of the Water Resources Director, to an Behavioral Hospital, LLC of New Owner) 2nd Street, Suite 650, Santa Monica (ing Address) e: If there are other owners of the property describe groundwater statement, you must provide a list this form. Write the initials (first letters) of you are I hereby certify that I have notified all other over, limited license, or groundwater statement of this	(City) Deed in the applic of all other own in first and last rewners of the pross Request of As	CA 90401 (State) (Zip) eation, permit, tracers' names and names at the spot perty described signment.	ansfer order, limited license, or mailing addresses and attach it to tindicated below in this application, permit, transfe
Note Nord	d in the office of the Water Resources Director, to an Behavioral Hospital, LLC of New Owner) 2nd Street, Suite 650, Santa Monica (ing Address) e: If there are other owners of the property describe groundwater statement, you must provide a list this form. Write the initials (first letters) of you are I hereby certify that I have notified all other over, limited license, or groundwater statement of this	(City) Deed in the applic of all other own in first and last rewners of the pross Request of As	CA 90401 (State) (Zip) eation, permit, tracers' names and names at the spot perty described signment.	ansfer order, limited license, or mailing addresses and attach it to tindicated below in this application, permit, transfe
Note Note Orego Name (333 2) Maili Note Orde	d in the office of the Water Resources Director, to an Behavioral Hospital, LLC of New Owner) 2nd Street, Suite 650, Santa Monica of Address) e: If there are other owners of the property describe groundwater statement, you must provide a list this form. Write the initials (first letters) of you is a list of the property described the form.	(City) Deed in the applic of all other own in first and last rewners of the pross Request of As	CA 90401 (State) (Zip) eation, permit, tracers' names and names at the spot perty described signment.	ansfer order, limited license, or mailing addresses and attach it to tindicated below in this application, permit, transfe

Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # __/ 3395/ For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

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

Last updated: September 18, 2017

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NOV 17 2020

Assisn- Approve IBB 12-1-2020