



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

OWRD

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 congrete form and fee for each right will be required.

f for	multiple righ	ts, a separate form an	d fee for each right will	be require	ed.				
		and Lori L. Catlin,							
(Nan	ie of Current	Holder of Record)							
	S. County Re			Vista, CO			(719) 480-286	<u>50</u>	
(Mai	ling Address)		(City)	(State)	(Zip)		(Phone #)		
\boxtimes			nd to the entire applica authorized under the ri		t/transfer/lin	nited license/	groundwater st	atement;	
	statement;	(You must include a m	nd to a portion of appli ap showing the portion be assigned. Example	of the app	plication/per	mit/transfer/	limited		
		gn a portion of my interest (example, adding an a	terest in and to the entire dditional person)	e applicati	ion/permit/tra	ansfer/limite	d license/groun	dwater	
	Applica		; Permit # <u>G 1598</u>						
		Limited License #_			; Grou	indwater Stat	tement #		
as fil	ed in the offic	ce of the Water Resou	rces Director, to:						
	hwest Farm C ne of New Ow		2222 NW Kli (Mailing Add		seburg, OR 9 (City)		(Zip)		
(1van	ne oj New On	ner)	(Matting Aud	ress)	(Cuy)	(Dittie)	(Lip)		
	*	nd Lori L. Catlin,							
	(Name of Ne	w Owner)							
1514	S. County R	d. 4E	Mont	e Vista, C	O 81144		(719) 480-286	0	_
	(Mailing Ada	ress)	(City)	(State)	(Zip)		(Phone #)		
org	groundwate this form.	er statement, you must Write the initials (first certify that I have noti	roperty described in thi provide a list of all oth letters) of your first an fied all other owners of atement of this Request	d last nam	' names and les at the spo rty described	mailing addr t indicated be	elow PO.	h it to	200
		this // Th				BER	2	, 20 20	
Sign	ature of Curre	ent Holder of Record	(Day) da	Dillan	ull	Peggy	a. 6	Dor Dor	rnell in
			any of the required in		will result	in the retur	of your appli	ication.	4
Or 8:0 Fe	egon Water F 00 a.m. on da ee receipt # or Director by	signment and record Resources Department te of receipt at Salem 134241 Mary F. Bjork. Progrativision.	change at at at effective form along along m Analyst in	completed must be s	"Request for ubmitted to t recording fee	Assignment he Departme	,,,		

Last updated: September 18, 2017