## RECEIVED

## **Request for Assignment**



**Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/owrd

## **OWRD**

OCT 2 5 2021

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.

	rin Moleswort	and the second				
	of Current Holder	of Record)		0	10	
	5 Carroll Road			, Oregon, 970		
lailii	ng Address)		(City)	(State) (Zip)	(Phone #)	
2		ny interest in and to <u>the entire</u> it; (example, sold all the land a			er/limited license/g	roundwater
3	license/groundwa application/permi	ny interest in and to <u>a portion</u> ter statement; ( <u>You must inclu</u> t/transfer order/limited licens d authorized under the right)	ude a map show	ving the portion	of the	sold a
]		ortion of my interest in and to ter statement; (example, add			transfer order/limite	ed
	Application #	; Permit #	<u></u>	; Transfer Or	der #_11952	;
Ch	erry Lane Orchar	e Water Resources Director, to ds LLC	D:		×	
	e of New Owner) Centerpointe Drive	STE 240	Lake C	swego, Oregon	, 97035 (503) 7	89-7333
Aailii	ng Address)	· · · · · · · · · · · · · · · · · · ·	(City)	(State) (Zip)	(Phone #)	}
trar Wit	or groundwater s attach it to this fo I hereby certify t nsfer order, limited l ness my hand this_ nature of Current Ho	owners of the property description of the property description of the initials of the provide a first let own. Write the initials (first let that I have notified all other own icense, or groundwater states and the own icense. The own icense, or groundwater states are provide any of the requires in the own icense. The own icense are provide any of the requires are provide any of the own icense. The own icense are provide any of the own icense are provide any of the own icense are provide any of the own icense. The own icense are provide any of the own icense are provide any own icense are provide are provide any own icense are provide	list of all other ters) of your fir where of the pro- ment of this Re D (Month)	owners' names a st and last name operty described quest of Assignm 20 21 (Year)	and mailing address s at the spot indicato in this application, p ient. 	es and ed below permit,
	Oregon Water Resour 8:00 a.m. on date of re Fee receipt #34	ent and record change at ces Department effective eccept at Salem, Oregon. 6.96 F. Bjork. Program Analyst in	form mus		for Assignment" to the Department fee of <b>\$120</b> .	OCT 1 2 20

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