				*			RECEI	VED	
		Oregon Water Re 725 Summer Street Salem, Oregon 97: (503) 986-0900 www.wrd.state.or.u	301			uest for Assignment		NOV 01 2021 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 fee for each right will be required.								RECEIVED	
I, <u>Coleman Farm Lands, LLC</u> (Name of Current Holder of Record)									
5235 Keene Road Northeast (Mailing Address)			Gervais (City)	OR (State)	97026 (Zip)	(Phone #)	OWR	,	
			and to the entire applicand authorized under the r		t/transfer/limit	ed license/groundwater statement;			
	hereby ass statement;	ign <u>all my interest</u> in (You must include a	and to <u>a portion</u> of appl map showing the portion	ication/per	plication/perm	nited license/groundwater //transfer/limited nd authorized under the right)			
		ign <u>a portion of my i</u> (example, adding an		re applicati	ion/permit/tran	sfer/limited license/groundwater			
	Applica	tion # G-1208 Limited License #	2; Permit # <u>G-1157</u>	<u>9 ;</u> Tr	ansfer #; Ground	iwater Statement #;	;		
(Nam 650 H (Mail	e of New Ow <u>Hawthorne A</u> ling Address	ve SE, Suite 210, Sa	A alem, OR 97301-5895 (City)		(State)	(Zip)			
(nan Farm La (Name of Ne Keene Road 1	w Owner)	Gervais	OR	97026			2 =	
	ng Address)	torurease	(City)	(State)	(Zip)	(Phone #)		00	
order With Signa	groundwat this form. I hereby i limited lice ess my hand ature of Curr	er statement, you mu Write the initials (fir certify that I have no mse, or groundwater this	st provide a list of all ot st letters) of your first ar tified all other owners of statement of this Reques (Day) Coleman Farn Northwest Fa e any of the required in	her owners and last nam f the prope at for Assig ay of n Land arm Cro	inames and m es at the spot i rty described in nment Octo6 s, LLC l edit Sep	this application, permit, transfer	(Year)	755:8-27 02-19-25 M	
		signment and record Resources Departme	nt effective				1		
8:00 Fee For	0 a.m. on da receipt # Director by	te of receipt at Saler / 32848 Mary F. Bjork. Progr vision.	n, Oregon. – am Analyst in	must be su	"Request for A lomitted to the ecording fee o	Department			
Last	updated: Se	ptember 18, 2017	Request for As	ssignment		WR			

