

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

Ownership Update for Certificated Rights Only

NO FEES ARE REQUIRED TO SUBMIT THIS FORM

NOTICE: A certificate of water right typically stays with the land. To track water right ownership, the Department requests that this form be submitted to the Department. **To update multiple rights, a separate form is required for each right.** If you have any questions about this form, please contact your local watermaster, or call the Water Resources Department at (503) 986-0900.

Note: Use the <u>assignment</u> form to change ownership on pending applications, permits, transfers, groundwater registrations, or limited licenses.

| Current Land | lowner Infor | mation | | | | | | | |
|--|---------------|---|------------------|---|-----------------------|--------|-----|----------|----------|
| Name: | M | MICHATEL J SCIANAMIBLO P.O. BOX 112 PROSPECT State: OR Zip: 97536 | | | | | | | |
| Mailing Address: $\mathcal{P}. \mathcal{O}, \mathcal{B}_{\delta} \times \mathcal{I}$ | | | | 2 | | | | | |
| City: | 1 | PROSPECT | | | State: 012 Zip: 97536 | | | | |
| Phone: | 415-602-988 | | | State: 012 Zip: 97536 Email: Mike Scianamber special | | | | | |
| | | _ | 34.4 | | (| | | (| 2 |
| Property Info | ormation | | | | | | | | |
| County: | Jackson | ickson | | Township: | 33S | Range: | 2E | Section: | 16 |
| Tax Lot #: | 204 | | | | | | | | |
| Street Address of Water Right: | | | | | | | | | |
| | Water Right | Informa | ation | | | | | | |
| Application: | | 19216 | | | | | | | |
| | Permit | 1400 |)9 | | | | | | |
| Certificate: 76185 | | | | | | | | | |
| Are all the la | nds associate | d with t | this water right | t owned by t | ne requ | estor? | Ye: | s No | D |
| (If no, includ | e a map shov | ving the | portion of the | water right | involve | (k | | | |
| | | | i. | | | | | | |
| Signaturo an | d Data | | | | | | | | |

| Signature and Date | | |
|-------------------------------------|--------------|----------------|
| Name of individual completing form: | MICHORUT - | SETAM AMBLE |
| Phone or email: | 415-622-9865 | Date: 9-1-2022 |
| Signature of requestor: | | |

The Department does not change names on water right certificates. This form will be placed in the file for future reference only. If mailed, the Department will not provide acknowledgment of receipt.

This form can be mailed to the address above or sent by email to wrd_dl_customerservice@water.oregon.gov