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| DSL new logo 2 | **Waterway Structure Registration**  **Change of Ownership**  [**www.oregonstatelands.us**](http://www.oregon.gov/DSL/pages/index.aspx) | | | | | Date Received |
| **SEND COMPLETE AND SIGNED APPLICATION TO:** | | | | | | |
| **(West of the Cascade Crest)**  **WESTERN REGION**  Department of State Lands  775 Summer Street NE, Suite 100  Salem, OR 97301-1279  503-986-5274  FAX: 503-378-4844 | | To email document, send to [registrations.dsl@dsl.oregon.gov](mailto:registrations@dsl.state.or.us).  Registration #         -RG | | | **(East of the Cascade Crest)** EASTERN REGION Department of State Lands  951 SW Simpson Ave, Suite 104  Bend, OR 97702  541-388-6112  FAX: 541-388-6480 | |
| ***OAR 141-082-0160(4)(B) Change in ownership of a registered structure within ninety (90) calendar days of the transfer of ownership. If the transfer is part of a legal transaction but not a sale (for example, bankruptcy, foreclosure, estate settlement), the Department shall be notified within thirty (30) calendar days of the final settlement or decision.*** | | | | | | |
| 1 - APPLICANT INFORMATION | | | | | | |
| Former Applicant’s Name and Address: | | | | Business Phone:  Home Phone:  Fax:  Email Address: | | |
| New Applicant’s Name and Address: | | | | Business Phone:  Home Phone:  Fax:  Email Address: | | |
| **Assessor’s Tax Map Number** | | |  | | | |
| **Tax Lot(s)** | | |  | | | |
| **Address of Structure (if applicable)** | | |  | | | |
| **Date Sale Closed** | | |  | | | |
|  | | | | | | |
| I certify that to the best of my knowledge, the information provided above is current and accurate.    Former Applicant Signature Date    New Applicant Signature Date | | | | | | |