

Request for Assignment



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

I, _____
(Name of Current Holder of Record)

(Mailing Address) (City) (State) (Zip) (Phone #)

(Email Address)

- ☐ hereby assign all my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (Example, sold all the land authorized under the right)
- ☐ hereby assign all my interest in and to a portion of application/permit/transfer order/limited license/groundwater statement; (*You must include a map showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned.* Example, sold a portion of the land authorized under the right)
- ☐ hereby assign a portion of my interest in and to the entire application/permit/transfer order/limited license/groundwater statement; (Example, adding an additional person)

Application # _____; Permit # _____; Transfer Order # _____;

Limited License # _____; Groundwater Statement # _____;

as filed in the office of the Water Resources Director, to:

(Name of New Owner)

(Mailing Address) (City) (State) (Zip) (Phone #)

(Email Address)

Note: If there are other owners of the property described in the application, permit, transfer order, limited license, or groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below .

_____ I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment.

Witness my hand this _____ day of _____, 20_____.
(Day) (Month) (Year)

Signature of Current Holder of Record _____

Failure to provide any of the required information will result in the return of your application.

DO NOT WRITE IN THIS BOX



The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of **\$180**.