Application for Extension of Time for **Transfer of Water Right**

Transfer Number: T-

A summary of review criteria and procedures that are generally applicable to these applications is

Applicant = Transfer Holder of Record*				Conta	ct Name	Phone Number
Mailing Address						Fax Number
City	Stat	te	Zip	Email		
Application Prepared By:	Ti	itle			Contact Info	rmation
*The applicant must be the tra must request an assignment o						sfer holder of record, the application. Alternatively, the
•	•			_		pplication. Afternatively, the ation. Separate checks for the fee
is helpful. Links to assignment						·
https://www.oregon.gov/owro				proof.pdf		
Contact information about ass https://www.oregon.gov/owro	-					John Henry
intips.//www.oregon.gov/owro	<u>i/ programs/</u>	vvale	i Nigrits/ Ft	zi i i i i i i i i i i i i i i i i i i	ment/ rages/t	<u>aeraurt.aspx</u>
To the WATER RESOURCES	DIRECTOR	OF OI	REGON:			
1. I/WE, THE TRANSFER HO	OLDER(S) C	OF REC	CORD, do	hereby ma	ke applicatio	n for an extension of
time within which to co	mplete a cl	hange	e in (chec	k all that ap	ply):	
point(s) of	diversion/a	appro	priation			
place(s) of	use					
character of	of use					
under the terms of a fin	al order of	the V	Vater Re	sources Dire	ector entered	l on(month/day/year)
for Transfer Number T						
2. THE FOLLOWING WORK	HAS BEEN	I ACC	OMPLISE	IED toward	completion c	of the change within
the time allowed, which Enter Text:					-	Ü
3. TO FULLY COMPLETE THE Enter Text:	IE CHANGE	E, it w	ill be nec	essary to ac	complish the	following:

4.	I/WE ARE REQUESTING THE TIME FOR COMPLETION be extended to October 1,(year).							
	Transfer extensions can be authorized for one (1) calendar year from October 1 to October 1 of each year, or up to five (5) years for transfers involving municipal or quasi-							
	municipal uses, unless the applicant can justify the need for a longer period of time by submission of pertinent evidence. OAR 690-380-6020 (3) and OAR 690-385-7200 (5).							
5.	I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE the information contained in this application is true and accurate.							
	Date Signature of Applicant(s), i.e., Transfer Holder(s) of Record							

- 6. IN ORDER FOR AN APPLICATION TO BE COMPLETE, it must be accompanied by the required fee. See the Department's fee schedule at https://www.oregon.gov/owrd/WRDFormsPDF/fee schedule.pdf or call (503) 986-0900.
- 7. MAIL THE COMPLETED APPLICATION AND FEE TO:

Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, OR 97301-1271