

## State of Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1271 (503) 986-0900

## 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 available at <a href="https://www.oregon.gov/owrd/WRDFormsPDF/transfer">https://www.oregon.gov/owrd/WRDFormsPDF/transfer</a> extension criteriareview.pdf

Applicant = Transfer Holder of Record*			Contact Name		Phone No.  Fax No.
Mailing Address					
City	State	Zip	E-Mail		
Report Prepared By	Title			Contact Infor	mation
*The applicant must be the transfer must request an assignment of interrequest for assignment may be subris helpful. Links to assignment form <a href="https://www.oregon.gov/owrd/WR">https://www.oregon.gov/owrd/WR</a> Contact information about assignment that the contact information about assignment to the water RESOURCES DIRECT T	rest prior t mitted simus: https://v DFormsPD ents is avai grams/Wa	o submitting the ultaneously with www.oregon.go F/Assign by properties by properties by the properties by the properties between the prop	ne transfe th the ext ov/owrd/ roof.pdf	er extension a rension applic WRDFormsPI	pplication. Alternatively, the ation. Separate checks for the fees DF/assign.pdf,
1. I/WE, THE TRANSFER HOLDE time within which to complet  point(s) of divers  place(s) of use  character of use under the terms of a final ord for Transfer Number T-	e a chang sion/appro	e in (check all opriation	that app	oly):	on for an extension of on(month/day/year)
2. THE FOLLOWING WORK HAS the time allowed, which expire Enter text below.				•	of the change within

3.	TO FULLY COMPLETE THE CHANGE, it will be necessary to accomplish the following:  Enter text below.
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 <a href="https://www.oregon.gov/owrd/WRDFormsPDF/fee">https://www.oregon.gov/owrd/WRDFormsPDF/fee</a> 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