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

Transfer Number: T-_____

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

*A summary of review criteria and procedures that are generally applicable to these applications is available at* https://www.oregon.gov/owrd/WRDFormsPDF/transfer_extension_criteriareview.pdf

| **Applicant = Transfer Holder of Record*** | | | **Contact Name** | **Phone No.** |
|---|---|---|---|---|
| **Address** | | | | **Fax No.** |
| **City** | **State** | **Zip** | **E-Mail** | |
| **Report Prepared By** | **Title** | | **Contact Information** | |

*The applicant must be the transfer holder of record. If the applicant is not the transfer holder of record, the applicant must request an assignment of interest prior to submitting the transfer extension application.

Alternatively, the request for assignment may be submitted simultaneously with the extension application. Separate checks for the fees is helpful.

Links to assignment forms: https://www.oregon.gov/owrd/WRDFormsPDF/assign.pdf, and/or https://www.oregon.gov/owrd/WRDFormsPDF/Assign_by_proof.pdf

Contact information about assignments is available at: https://www.oregon.gov/owrd/programs/WaterRights/Permits/Assignment/Pages/default.aspx

**To the WATER RESOURCES DIRECTOR OF OREGON:**

1. **I/WE, THE TRANSFER HOLDER(S) OF RECORD**, do hereby make application for an extension of time within which to complete a change in (check all that apply):
   - ☐ point(s) of diversion/appropriation
   - ☐ place(s) of use
   - ☐ character of use

   under the terms of a final order of the Water Resources Director entered on _____ (MM/DD/YY) for Transfer Number T-_____.

2. **THE FOLLOWING WORK HAS BEEN ACCOMPLISHED** toward completion of the change within the time allowed, which expired on _____(MM/DD/YY)_____
   _____

3. **TO FULLY COMPLETE THE CHANGE,** it will be necessary to accomplish the following:_____
   _____

(continue on next page)

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.

| | | |
|---|---|---|
| Signature of Applicant(s), i.e., Transfer Holder(s) of Record | Print Name (and Title if applicable | Date |
| Applicant signature | Print Name (and Title if applicable | Date |

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 97301-1266