



JACKSON COUNTY

Oregon

Watermaster's Office

Shavon Haynes
Watermaster, Dist 13

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REQUEST FOR WATER RIGHT RESEARCH

Date: _____

Name *(person requesting research)*: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Property Ownership *(if different from above)*: _____

Property Address *(if different from above)*: _____

Township: _____ Range: _____ Section/s: _____ Quarter/Quarter/s: _____

Tax Lot/s: _____

Information being requested and source of water: _____

Remarks: _____

Staff Use Only

\$88 Research Fee Payable to Watermaster

Cash Check No. _____ Pay upon pick-up Mailing Payment

Certificate/Permit/s: _____

Research Completed By: _____ Research Verified By: _____ Date: _____ Scanned _____