72278 REQUEST FOR ASSIGNMENT OVER THE COUNTER

PO Box 521	Scio,	OR	97374	503 394 3648
(Mailing Address)	(City)	(State)	(Zip)	(Phone)
CHECK ONE				
hereby assign all my int	terest in and to a	pplication	n/permit;	
[] hereby assign all my int showing portion of applicati		portion (of application	/permit (include a map
[] hereby assign a portion	of my interest ir	and to the	he entire appl	ication/permit;
Application #, Permit # as filed in the office of the V				rtificate of Registration #_
Doerfler Farms, Inc., Rober (name of new owner)	t L. Doerfler; ar	nd Northy	vest Farm Cr	edit Services, ACA
12333 Silver Falls Hwy SE	Aumsville	Linn	OR	97325
this form.)	Registration you	must atta	ch a list of th	
Certificate of Groundwater I this form.) I hereby certify that I have n Application, Permit or Certification.	Registration you notified all other	must atta	ch a list of th f the property	eir names and addresses to described in this
I hereby certify that I have not have n	Registration you notified all other ficate of Registrate day of day of Carl mit holder	owners of the dual	the property his request for	described in this rassignment. STATE OF OREGON, 1 County of Marion. 1 Certify that the received by me on the 37 June 1977
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