REQUEST :	FOR	ASSIGNMENT
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I, (permit holder, applicant) PACIFIC			
(mailing address) (city) (s	OR 97135 503-965-6636 state) (zip) (phone)		
CHECK ONE	<		
→ hereby assign <u>all my interest</u> in and to application/permit □			
[] - hereby assign <u>all my interest</u> application/permit (include a map show assigned);	in and to a portion of sping portion of applications of applic		
[] - hereby assign a portion of my intapplication/permit;	terest in and to the entire		
Application # G (Z (D), Perm OR GR Statement #, GR Certificate as filed in the office of the Water Res PACIFIC CITY JWSA P.O. BOX 520 34005 CAPE KIWANDA DRIVE PACIFIC CITY, OR 97135-0520 ame of new own	sources Director, to:		
	503-965-6636		
(address) (city) (state) (zip) (phone) (Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses to this form.) I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment. Witness my hand this			
STATE OF OREGON,) Selection of Marion.) I certify that the within was received by me on the day of day	The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page. WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OREGON 97310-0210		

DX VSM