REQUEST FOR ASSIGNMENT

I, (permit holder, applicant)		
(mailing address) (city)	(state) (zip)	(phone)
CHECK ONE [] - hereby assign all my interest	in and to application/perm	nit;
[] - hereby assign <u>all my interest</u> (include a map showing portion of ap		pplication/permit
[] - hereby assign <u>a portion</u> application/permit;		
Application #58563, p	Permit # 44220	;
OR GR Statement #, GR (filed in the office of the Water Res		n #as
Kent S Beebe	503 2	23-7335
(Halle Of Hew Owner)	, (phone)	†)
(address) Grand Oaks Dr	LK OSWAGO, Or	97035_
(address) (city)	(state) (zip)	
(Note: If there are other owners of the Permit of Certificate of Groundwater names and addresses to this form.)		
I hereby certify that I have notified in this Application, Permit or Certi assignment.	=	
Witness my hand this	day of, 19_	
applicant/permit h	nolder	
applicant/permit h	nolder	
PLEASE DO NOT WRITE IN THIS BOX		
STATE OF OREGON,)) es County of Marion.	The completed assignment must be submitted to	
I certify that the within was	Water Resources Department together	OCT 2 1 1998
received by me on the 17th day of 19.00 at 8 o'clock	with a recording fee of \$25. Additional page: will cost \$5 per page	WATER RESOURCES DEPT SALEM, OREGON
Miscellaneous Records, Vol Page279 Water Resources Director	WATER RESOURCES DEPA	
	158 12TH STREET NE SALEM, OREGON 97310-	O210 RECEIVED

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WATER RESOURCES DEPT. SALEM, OREGON