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SEP 20 2001

REQUEST FOR ASSIGNMENT

JUL 26 2001

WATER RESOURCES DEPT.

I. MADE WALTERS

(Name of Applicant / Permit Holder)

WATER RESOURCES DEPT.
SALEM, OREGON

623 S. Blaine Newberg Or 97132 503-538-2085
(mailing address) (City) (State) (Zip) (Phone #)

CHECK ONE

- ...hereby assign all my interest in and to application/permit;
- ...hereby assign all my interest in and to a portion of application/permit:
(You must include a map showing the portion of the application/permit to be assigned.)
- ...hereby assign a portion of my interest in and to the entire application/permit:

Application # 68754 Permit # 49827

-OR-

GR Statement # _____, GR Certificate of Registration # _____

as filed in the office of the Water Resources Director, to:

JOSEPH A. LONGO

(Name of New Owner)

7815 N. IRONWOOD DR PARADISE VALLEY, AZ 85253 503-537-5168
(mailing address) (City) (State) (Zip) (Phone #)

FAX (480) 948-1988

NOTE:

If there are other owners of the property described in this Application, Permit or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it 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 13 day of July, 2001.

Applicant/Permit holder Mabel E Walters

Applicant/Permit holder _____

DO NOT WRITE IN THIS BOX

STATE OF OREGON,)
) ss
 County of Marion.)
 I, certify that the within was
 received by me on the 26 day of
July, 2001 at 8 o'clock
Am, and was recorded in the
 Miscellaneous Records, Vol. 9
 Page 30

The completed "Request for Assignment" form must be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
 - \$5 for each additional page.
- (as required by ORS 538.060(1)(d))

WATER RESOURCES DEPARTMENT
166 42ND STREET NE
SALEM, OREGON 97301-4172