REQUEST FOR ASSIGNMENT

	I, (permit holder, applicant)	ord T. G. LacyATER RESOURCES DEPT.	
	P.o. Box 1767 - 69015 Bare by CT. (mailing address) (city) (s	Disters, OR 97759 (541)549-0923 tate) (zip) (phone)	
	CHECK ONE		
	- hereby assign all my interest in and to application/permit;		
	[] - hereby assign <u>all my interest</u> in and to a portion of application/permit (include a map showing portion of application assigned);		
	[] - hereby assign a portion of my interest in and to the entire application/permit;		
*	Application # 6/4083 , Permit # 6-/27/7 ; OR GR Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director, to:		
	Karen and Boyd Bucking ham, Jr. (name of new owner)		
	(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 16 day of September 1996.			
applicant/permit holder			
applicant/permit holder			
DO NOT WRITE IN THIS BOX			
	STATE OF OREGON,) SECOUNTY of Marion. I certify that the within was received by me on the aday of a colock and an and was recorded in the Miscellaneous Records, Vol. Page 3264	The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$10. Additional pages will cost \$5 per page. WATER RESOURCES DEPARTMENT	

Water Resources Director

WATER RESOURCES DEPARTMENT 158 12TH STREET NE

SALEM, OREGON 97310-0210