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WATER	RESC	DURCES	DEP1.
SA	LEM,	OREGO	N

RESOURCES DEPI. REQUEST FOR ASSIGNATION OREGON	MAY 1 5 1997			
I, (permit holder, applicant)	WATER RESOURCES DEPT. SALEM, OREGON			
(mailing address) (city) (state) (zip) (phone)			
CHECK ONE				
[] - hereby assign all my interest 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 ing portion of application			
[] - hereby assign a portion of my in application/permit;	terest in and to the entire			
Application # 69538 , Perm OR GR Statement #, GR Certificate as filed in the office of the Water Res	te of Registration #; sources Director, to:			
ALBERTS & DARIEDE M. F. (name of new own 243 RENE DR. SHADY COVE (address)	15HL64			
243 RENE DR. SHADY COVE	OR. 97539 541-878-3481			
(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 property described in this Application Registration of this request for assign	n, Permit or Certificate of			
Witness my hand this 13 TH day of M				
applicant/permit holder	Allt Slishly			
applicant/permit holder				
DO NOT WRITE IN THIS BOX				
County of Marion.	The completed assignment must be submitted to the Water Resources			

o'clock UA. m., and was recorded in the Miscellaneous Records, Vol. Fage 3440 Water Resources Director

Department together with a recording fee of \$10. Additional pages will cost \$5 per page.

WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OREGON 97310-0210

