RECEIVED

REQUEST FOR ASSIGNMENT

OCT 1 6 2000

I, (permit holder, applicant) Vera Kauff	man .	<u> </u>
24635 River Bend Rd, Beaver, OR 97108		WATER RESOURCES DEPT. SALEM, OREGON
	tate) (zip) (phone)
CHECK ONE		
[] - hereby assign <u>all my interest</u> in	and to applicat	ion/permit;
[] - hereby assign <u>all my interest</u> application/permit (include a map show assigned);		
[] - hereby assign a portion of my intapplication/permit;	erest in and to	the entire
Application # S-74883 , Perm OR GR Statement #, GR Certificat as filed in the office of the Water Res	it # S-52735 ce of Registrati sources Director	on #; , to:
Linton Whittles		
(name of new own	er)	
22930 Sandlake Rd, Cloverdale, OR 97112		503-965-6338
(address) (city)	(state) (zip) (phone)
(Note: If there are other owners of the Application, Permit of Certificate of Grant attach a list of their names and a	roundwater Regis	stration you 💮 📒
I hereby certify that I have notified property described in this Application Registration of this request for assign	, Permit or Cer ment.	tificate of
Witness my hand this /3 day of Oct , 2000		
applicant/permit holder		ffman
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	The completed must be submit Water Resource Department too with a recordi \$25. Addition will cost \$5 p	tted to the es gether and fee of all pages

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Water Resources Director

WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OR 97301-4172