## REQUEST FOR ASSIGNMENT

(permit holder, applicant) TAYLO		<del>*************************************</del>
NORTH I STREET LAKEVIE	W. DREGON 97630 (	541) 947-2869 (phone)
iling address) (city) (	state) (Elp)	(pnone)
CK ONE		
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] - hereby assign a portion of lication/permit;		the entire
R-49721 lication # 5-49722 , Per	K-6016 nit # 5-37/22	_;
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ed in the office of the water keeds	ices bitector, 19.	
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AYLOR WESTSIDE RANCH, IN	C Yo Cornelius J. Taylor (phone #)	(541) 947-28
ame of new owner)	•	
C 64 Box 415 LAKEVIEW	ORFGON 97630	
idress) (city)	(state). (zip)	
sereby certify that I have notified a		
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