## REQUEST FOR ASSIGNMENT

I, (permit holder, applicant) <u>TAY</u>	LOR RANCH,	INC	
HC 64 Box 415 LAKEVIEW	OREGON 976	30 (541) 947-286	9
(mailing address) (city)	(state) (zip)	(phone)	
CHECK ONE  [X] - hereby assign all my interest  [] - hereby assign all my interest  (include a map showing portion of ap	in and to a port	ion of application/perm	it
[ ] - hereby assign <u>a portion</u> application/permit; R - 72059		in and to the enti	re
Application # <u>5-72060</u> , P	ermit # 5-530	24;	
OR GR Statement #, GR Crilled in the office of the Water Res	c/o Covalles J.	<b>TO</b> :	as
TAYLOR WESTSIDE RANCH, I.	DC 147/01 ()	(phone #)	
HC LA BOY ALE LAVELLE	a) DEFAN	97430	
HC 64 Box 415 LAKEVIEC (address) (city)	(state)	(zip)	
names and addresses to this form.)  I hereby certify that I have notified in this Application, Permit or Certicassignment.			
Witness my hand this	day of	ch. 20 01	
applicant/permit h			
applicant/permit h	nolder	aylor	
PLEASE DO NOT WRITE IN THIS BOX		/	
STATE OF OREGON, } } ss  County of Marion. } i certify that the within was received by me on the day of and was recorded in the Miscellaneous Records, Vol	The completed must be submit water Resource Department to with a record \$25. Additional will cost \$5	itted to the ces ogether ding fee of onal pages	TUP
Page 20/ Water Resources Director	158 12TH	urces department street ne on 97310-0210 RECE	IVE

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