SEP 2 5 1998

•	QL 1 N 0 100
REQUEST FOR ASSIG	NMENT WATER RESOURCES
I, (permit holder, applicant) Rob	Glenn / Teri DIMPRESOI
1500 Joe Wright Rd. Klomath Fal (mailing address) (city) (S OR 97603 (541)85/-0 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 ring portion of application
[] - hereby assign a portion of my intapplication/permit;	
Application #, Perm OR GR Statement #, GR Certification as filed in the office of the Water Res	te of Registration #; sources Director, to:
Dane T. ¿ Lesa Hoppe (name of new own	zak
(name of new owner)	
11387 Harpold Rd. Klomath Falls (city)	or 97603
(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	, Permit or Certificate of ment.
Witness my hand this $\frac{21^{ST}}{}$ day of \underline{Au}	igust, 19 <u>98</u> .
applicant/permit holder Not Slew	
applicant/permit holder	
DO NOT WRITE IN THIS BOX	
STATE OF OREGON,)) ss County of Marion.)	The completed assignment must be submitted to the Water Resources

I certify that the within was yed by me on the 25th day of

Water Resources Director

o'clock

received by me on the 25 h

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The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page.

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

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