I. TERRY NOFZIG	ea:	L-v	j
(Name of Applicant / Permit I	Holder) StMAS UALLY OLESIN	97641 541-576	-2355
CHECK ONE	(City) (State)	(Phone #)	
	y interest in and to applica	ation/permit;	
	v interest in and to a <u>porti</u> map showing the portion of	• • • • • • • • • • • • • • • • • • • •	
☐hereby assign a pon	tion of my interest in and t	to the <u>entire</u> application/	permit;
Application # TBS/8	, Permit #		;
GR Statement #	- <i>OR-</i> , GR Certificate of Re	gistration #	
as filed in the office of the Wa		,	
John E. Boy La	<u> </u>	1	
PO BOX 816 BO	PUALS Office 9	7009 503-668-8	X <c< td=""></c<>
(mailing address)	(City) (State) (Z	ip) (Phone #)	<u> </u>
Permit or Certifica	owners of the property desite of Ground Water Regist of names and mailing address	ration, you must provide	e list 🛇
I hereby certify that I have not Application, Permit or Certification	fied all other owners of the	auget for senianment	nis
Witness my hand this 19	day of Oct.	, 20<u>0</u>2 . po	rry NoFair Box 568
Applicant/P	ermit holder y Jorry	7 934. 10-12:	15tms Vall+
,	ermit holder		
DO NOT WRITE IN THIS	form must be Department	ted "Request for Assignate submitted to the along with the appropries."	
	◆ \$5 for	es: or the first page, <i>and</i> : <u>each</u> additional page, ired by ORS 536.080(1)(d	·

WATER RESOURCES DEPARTMENT 158 12TH STREET NE