## **REQUEST FOR ASSIGNMENT**

BY PROOF OF OWNERSHIP (IF PERMIT/TRANSFER HOLDER IS NOT AVAILABLE)

Barbara Cochran	<b>`</b>			
Name of Party Requesting	Assignment)	,		
163 Black Oak Dr.	Shady Cove	OR	97539	541-878-2713
Mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
hereby request as	signment in and to applic	cation/permit/trans	sfer;	
1hereby request as	signment in and to a <b>po</b>	<u>rtlon</u> of applicatio	n/permit/transf	er;
(You must include	a map showing the porti	on of the applicat	ion/permit/tran	sfer to be assigned.)
the land, a copy of a property held jointly	lude <b>\$5 for <u>each</u> additio</b>	ourt order or decr		ation of survivorship of
tppiication #		-OR-	, Transici	<i>"</i>
GR Statement #	, GR Cer	tificate of Regis	tration #	· 
Steve Cochran				
Name of Permit/Transfer H	older of Record)			
leceased		OR		
Mailing address)	(City)	(State)	(Zip)	(Phone #)
or Certifice owners' in hereby certify that I have ermit or Certificate of Vitness my hand this 2	re other owners of the processe of Ground Water Resonances and mailing addresse notified all other owners requesting the day of September of Assignment Resistances and September of Assignment Resistances and Resistances an	gistration, you multerses and attackers of the propertiest for assignment growth growth assignment growth g	ust provide a loch It to this for y described in t.	list of all other rm.
		71	1.5	A
DO NOT WRITE IN THIS BOX		The completed "Request for Assignment" form must be submitted to the Department along with the appropriate recording fees:		
- This certifies assignment and Oregon Water Resources Depa		♦ \$25 fe	or the first pag	ge, and

8:00a.m. on date of receipt at Salem, Oregon.

Fee receipt # 77878 For Director by Jerry Saute

Water Rights Division

• \$5 for <u>each</u> additional page. [as required by ORS 536.050(1)(d)]

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-1271