REQUEST FOR ASSIGNMENT

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

| Cherie Brooks | y Requesting Assig | nment) | <u> </u> | | |
|--|-------------------------------------|--|--------------------------------|--|--|
| | | Sunriver | OR | 97707 | 541-593-1631 |
| P.O. Box 2138 (Mailing address) CHECK ONE | | (City) | (State) | (Zip) | (Phone #) RECEIVED |
| | | ment in and to applicati | on/nermit/trans | efer: | DEC 3 0 2009 |
| • | | ment in and to applicati ment in and to a <i>portio</i> | • | | WATER RESOURCES |
| • | | ap showing the portion | | | O, 122111, O.1200 |
| the land, property | , a copy of a land held jointly; | of ownership that may in a sales contract, a cour state of the sales contract, a cour | t order or decr | | |
| Application # G-16284 | | , Permit # | | , Transfer # | |
| | mit/Transfer Holder | of Record) | OR | 97707 | 541-593-1631 |
| O. Box 2138 | 8 | Sunriver | OR | 97707 | 541-593-1631 |
| Mailing addre | ess) | (City) | (State) | (Zip) | (Phone #) |
| . • | or Certificate of owners' name | ner owners of the prope of Ground Water Regist es and mailing addres notified all other owners istration of this request | ration, you museses and attack | ist provide a ch it to this for described in | list of all other m. |
| | • | • | • | | |
| | | day of Duem | | | The state of the s |
| Party | Requesting As | signment <u>Clueur</u> | e a. 12 | voles_ | |
| Party | Requesting As | signment | | | _ |
| DO NO | T WRITE IN TI | | | itted to the De | Assignment" form partment along with es: |

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.
- Fee receipt # 27276

For Director by Jerry Santal Program Analy Water Rights Division the first page, and

◆ \$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

DEC 1 9 2005

WATER RESOURCES DEPT SALEM, OREGON