## REQUEST FOR ASSIGNMENT

RECEIVED

JAN 06 2006

<b>^</b> ,			1 0	2000
1, Steve Coleman.			WATER RESOL	IRCES DEPT
(Name of Applicant / Permit / Transfer I	Holder)		SALEM, O	REGON
P.O. Box 597 Bur	NS OR	97720	541-5	23-0980
(mailing address) (City)	(State)	(Zip)	(Phone #)	
CHECK ONE				
 ⊠hereby assign <u>a<i>ll my interest</i></u> in an	d to application/	permit/transfer;		
∴hereby assign <u>all my interest</u> in an (You must Include a map showing the assigned.)				
□hereby assign <u>a <i>portion of my int</i>e</u> transfer;	<b>rest</b> in and to th	e <u>e<i>ntir</i>e</u> applica	ation/permit/	
Application # <u>6-16245</u> , Perm	it# <u>6-157</u> -0R-	9 <u>8</u> , Transf	er#	-
GR Statement #	GR Certificate	of Registratio	n#	
		•		
as filed in the office of the Water Resou				
Wagest T and Mary		d	***	-
(67433 Hruy 78, Burns (Eity)	OR &	77 70	541-573-b	207
(City)	(State)	(Zip)	(Phone #)	<u>'</u>
NOTE:  If there are other owners of Permit, Transfer or Certific provide a list of all other attach it to this form.	cate of Ground \	Nater Registrati	ion, <b>you must</b>	
I hereby certify that I have notified all of Application, Permit or Certificate of Reg				A2016 25.
Witness my hand this day of	JAN.	, 2006		32 %
Applicant/Permit he	DT		Not an	08
• •				-
Applicant/Permit he	older			_
DO NOT WRITE IN THIS BOX	The complete	1 "Pequest for A	ssignment" form	
DO NOT WRITE IN THIS BOX	<i>must be</i> subm	itted to the Dep priate recording	artment along	
This certifies assignment and record change at Oregon Water Resources Department effective	•	first page, an	d	
8:00a.m. on date of receipt at Salem. Oregon Fee receipt # 77365	• • • • • • • • • • • • • • • • • • • •	<b>h additional pa</b> ORS 536.050(1)	_	
For Director by Jerry Saute Program Abalyst in Water Rights Division	725 SUMMER	OURCES DEPA STREET NE, S GON 97301-13	SUITE A	
11	JAMEIN, VILL	J1001-1	•	