

Request for Assignment

(Name of Applicant / Pe	ENE DE	older)	
(Name of Ippneam / 1	nun / I ansger II	OR	509-301-9202
Mailing address)	(City)	(State) (Zip)	509-301-9202 (Phone #)
hereby assign all my into	erest in and to app	lication/permit/tr	ransfer;
hereby assign <u>all my inte</u> (You must include a ma			tion/permit/transfer; cation/permit to be assigned.)
	•	•	pplication/permit/transfer;
lication #	, Permit #		_; Transfer # <u>9830</u> on #
Statement #	, GR Certific	-OR- ate of Registration	on #
ime of New Owner)	. 332 Mij	In OR C	catur 97862 54/ 938 (Zip) (Phone #)
ling address)	(City)	(State)	(Zip) (Phone #)
E: If there are other			I in this Application, Permit, Trans st provide a list of all other owners
Certificate of G names and mai	ling addresses and	l attach it to this	form.
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DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective

8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # 70 729
For Director by Jerry Saute Program Analyst Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with a recording fee of \$50.

RECEIVED

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