REQUEST FOR ASSIGNMENT

((Oit s)	OR (State)	/ 7 :n\	(Dhana #)
(mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
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Application # G-14245	, Permit #	G-13050	, Trai	nsfer#
Application # G-14245	-0	R-		*
GR Statement #	, GR	Certificate	of Registra	ition #
as filed in the office of the	Water Resources	Director, to) :	
Thomas and Pieper Sweeney	· ·			
(Name of New Owner)				
360 Ferry St	Dayton	OR	97114	503-864-2656
(mailing address)	(City)	(State)	(Zip)	(Phone #)
				this Application,
Permit, Tran provide a list attach it to the list of t	sfer or Certificate st of all other ow this form. notified all other tificate of Registra day of cant/Permit holder cant/Permit holder	of Ground oners' name owners of the ation of this of the ation of the	Water Registes and mailing the property of request for a second control of the co	tration, you must ng addresses and lescribed in this issignment.
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WATER RESOURCES DEP's SALEM, OREGON

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