

## Request for **Assignment**

If for multiple rights, a separate form and fee for each right will be required.	
(Name of Applicant / Permit / Transfer Holder)  6/20 Clicked Will DE KLOP OR /54/-884-8500  (Milling address)  (City) (State) (7in) (Phone #)	
(Name of Applicant / Permit / Transfer Holder)	
6120 Church Hill DR KLOTHOR 1541-884-8500	
(Mailing address) (City) (State) (Zip) (Phone #)	
hereby assign <u>all my interest</u> in and to application/permit/transfer;	
<ul> <li>hereby assign <u>all my interest</u> in and to a <u>portion</u> of application/permit/transfer;</li> <li>(You must include a map showing the portion of the application/permit to be assigned.)</li> </ul>	
☐hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer;	
Application # <u>G -15 4 85</u> , Permit # <u>G -15 / 30</u> ; Transfer #	
GR Statement #, GR Certificate of Registration #NOV 0 3 2008	•
as filed in the office of the Water Resources Director, to:  WATER RESOURCES DE SALEM, OREGON	EPT
(Name of New Owner)  51   5 Cross R. J., Klamph Fall OR 97603 (541) 850-)97  (Mailing address) (City) (State) (Zip) (Phone #)	フ
If there are other owners of the property described in this Application, Permit, Transfer or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.  I hereby certify that I have notified all other owners of the property described in this Application, Permit	1.3.2008
Contificate of Designation of this are accept for a primary and	
Witness my hand this 29th day of Orose 2, 2008.  Applicant/Permit holder Rawh Books.	N.
Applicant/Permit holder Karry Discrete	
Applicant/Permit holder	
DO NOT WRITE IN THIS BOX	
This certifies assignment and record change at Oregon Water Resources Department effective along with a recording fee of \$50.	

Water Rights Division

8:00 a.m. on date of receipt at Salem, Oregon.
Fee receipt # 4477
For Director by Jerry Sauted Program Analyst in