	RI	EQUEST FO	OR ASSIGN	MENT		
BYP	ROOF OF OWNE	RSHIP (IF PERM	T/TRANSFER H	IOLDER IS NOT A	VAILABLE)	
Bever	/V K.		nbura			
P.O. 7.	X SOX 562	$2$ $\omega$ ilson	nviller	97070	<u>503 - 67</u> 8 (Phone #) 03 - 460 - 7	?- <i>3</i> 3:
(Mailing addre	ss)	(City)	(State)	(Zip)	(Phone #)	(
CHECK O	<u>NE</u>			Cell ph#5	03-460-7	808
☐hereby	request assignme	ent in and to applic	ation/permit/trar	nsfer;		
☐hereby	request assignme	ent in and to a <u>port</u>	<u>tion</u> of application	on/permit/transfer;		
(You m	ust include a map	showing the portio	on of the applica	tion/permit/transfer	to be assigned.)	
the land, property	a copy of a land s held jointly;		ourt order or dec	t be limited to: a cop ree, documentation		
Application	#	, Permit #		, Transfer#_		
• •	123	-	OR-			
GR Stateme	ent#123	, GR Cert	ificate of Regis	tration#		
(Name of Pern	nit/Transfer Holder of	Record)				
· · · · · · · · · · · · · · · · · · ·	·		OR -			a a
(Mailing addre	ess)	(City)	(State)	(Zip)	(Phone #)	
NOTE:	or Certificate of (		istration, <b>you m</b>	in this Application, I ust provide a list o ch it to this form.		//64/26/3 6/06/3
•	•	ration of this reques	st for assignmer	ty described in this ant.		
Witness my	hand this $27$	day of	1 10 20	00	RECEIVED JUN 06 2006	0 1
	Requesting Assig	(	CYN, Vai	1 Stellieller	WATER RESOURCES DI SALEM, OREGON	EPT
Party	Requesting Assig	nment			ORLEN, OF LOO.	
DO NO	T WRITE IN THIS	BOX	The complete	d "Request for Assi	gnment" form	

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

8:00a.m. on date of receipt at Salem, Oregon.

- Fee receipt # 81891

- For Director by Jerry Saural Program analy Analyst in Water Rights Division

must be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- \$5 for each additional page. [as required by ORS 536.050(1)(d)]

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-1271