

## Request for Assignment

If for multiple rig	hts, a separ	ate form and f	ee for each	right wi	ll be require	ed.		
I, Cascade Highl								,
(Name of 2	Applicant /	Permit / Trans	sfer Holder)	)				
61999 Bro	ken Top	Dr. Bend		OR	97702	541-312-4043		
(Mailing addre		(	City) (Sta	te) (2	(ip)	(Phone #)	,	<i>y</i> -
hereby assi	ign <i>all my i</i>	interest in and	to application	on/perm	it/transfer;			
hereby assistance     (You must)						nit/transfer; ermit to be assigned	.)	
hereby assignment	gn <u>a portio</u>	n of mv interes	t in and to t	he <u>entir</u>	e application	on/permit/transfer;		
Application # G-	12971	, Perm	it # <u>G-1249</u>	4	; Trans	fer # <u>T-9625</u>		
								CEIVED
as filed in the offi	ce of the W	Vater Resource	s Director, t	to:			MAD	0.0.000
Highlands at Broken Top Community Association							MAK	2 0 2007
(Name of New O	wner)						WATER RE	SOURCES DEPT
361 NE Frank	lin Arro	Bend		or	97701		SALE	M, OREGON
361 NE Frankli (Mailing address)	) 1111 1110	· (C	ity)	(State	) (Zip)	(Phone #)		<b>\$</b>
(Mailing address)  (City)  (State)  (Zip)  (Phone #)  NOTE:  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 th or Certificate of R					erty descri	bed in this Applicat	ion, Permit	30 St.
Witness my hand	this 184	h day of	Decem	lber	, 20 <u>06</u> .	1		
	Appl	licant/Permit h	older	/	Ma	//		
	Appl	licant/Permit h	older /	<u>//</u>	M			
DO NOT WR						for Assignment" for ent along with the a		
This certifies assign		cord change at		ing fees	-	ioni atong with the a	phiohirme	

3:00a.m. on date of receipt at Salem. Oregon.
- Fee receipt # 36753
- For Director by Jerry Sayor Program analy

Water Rights Division John Jaule

• \$25 for the first page, and \$5 for each additional page.

[as required by ORS 536.050(1)(d)]