

## Request for Assignment

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(Mailing Address)	245HICLIN	17 Kg H	EKMISTON	(State)	7/838	<b>54)</b> (Phone #)	567	الحال ا
(Manning Address)			(City)	(Diate)	( <i>L.p</i> )	(1 none #)		
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iled in the office o	of the Water Reso	ources Direct	tor, to:					
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(Name of New Or	vner)	·		•				
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(Mailing Address)	MICS IM		(City)	(State)	(Zip)	(Phone #)	112	-di-d
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addresses and	at I have notified	all other ow	ners of the pr				,	
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addresses and hereby certify the Permit, Transfer, I tness my hand thi	License, or GR C	ertificate of l	Registration o	of this Re	equest for As	_··		

## DO NOT WRITE IN THIS BOX

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salom, Oregon.

- Fee receipt # <u>i00032</u> - For Director by Jerry Saute

Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$75.

MAY 9 ^ 2010