REQUEST FOR ASSIGNMENT

(Name of Applicant / Permit / Transfer	Holder)			
18407 NE 21st (Mailing address)	Reduand	DR WA	98052	<u>(425) 644-</u> 7569
(Mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
☐hereby assign <u>all my ii</u>		-		
hereby assign all my in	nterest in and to a po	ortion of applica	tion/permit/tra	nsfer;
(You must include a map				
hereby assign a portion	on of mv interest in a	and to the entire	application/pe	rmit/transfer:
			-,,	,
Application # 6 - 15972	, Permit# 🢪	-15586	, Transfer #	!
Application # 6 - 15972		-OR-		
GR Statement #	, GR Cer	tificate of Regi	stration #	
as filed in the office of the Wa	ater Resources Direc	tor, to:		
(Name of New Owner)	A FLETCHER			
(Name of New Owner)		10		
			8.370(0	(200) UZY-27. (1
3304 BRAMPTONL	uay Boist	QR	-9.1-9	(208) 90 CON 7
3304 BRAMPTONU (Mailing address)	(City) BOISE	(State)	(Zip)	(Phone #)
NOTE: If there are other Transfer, or Ce other owners'	er owners of the prop entificate of Ground W names and mailing	erty described in later Registration addresses and	n this Applicati n, you must p d attach it to t	on, Permit, rovide a list of all his form.
NOTE: If there are other Transfer, or Ce	er owners of the prop entificate of Ground W names and mailing	erty described in later Registration addresses and	n this Applicati n, you must p d attach it to t	on, Permit, rovide a list of all his form.
If there are other transfer, or Ce other owners' I hereby certify that I have not Certificate of Registration of Witness my hand this	er owners of the propertificate of Ground Winames and mailing of the properties of t	erty described in later Registration addresses and e property desc nment.	n this Applicati n, you must p d attach it to t cribed in this Ap	on, Permit, rovide a list of all his form.
NOTE: If there are other Transfer, or Ce other owners' I hereby certify that I have not Certificate of Registration of the second seco	er owners of the propertificate of Ground Windows and mailing of the properties of t	erty described in later Registration addresses and e property desc nment.	n this Applicati n, you must p d attach it to t cribed in this Ap	on, Permit, rovide a list of all his form. oplication, Permit en

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

- Fee receipt # 86036

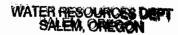
- For Director by Jerry Sante Water Rights Division

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

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

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

JAN 2 9 2007



Andre or Kathy Meyer P.O. Box 459 57736 Hwy. 74 Lexington, OR 97839

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RECEIVED

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