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WATER HESOURCES DEPT. SALEM, OREGON

**Request for** 

## Assignment

If for multiple rights, a separate form and fee for each right will be required.

GR Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director, to:  Phillip & Lorissa Singhose  (Name of New Owner) 62425 County Line Rd. Bend OR 97701 541-317-0977  (Mailing address) (City) (State) (Zip) (Phone #)						•
(Mailing address)  (City) (State) (Zip) (Phone #)  1hereby assign all my interest in and to application/permit/transfer;  (You must include a map showing the portion of application/permit to be assigned.) hereby assign a portion of my interest in and to the entire application/permit/transfer;  (You must include a map showing the portion of the application/permit to be assigned.) hereby assign a portion of my interest in and to the entire application/permit/transfer;  Application # G - 15   G 8   Permit # G 15   58   Transfer # GR Statement # GR Certificate of Registration # GR Certificate of Registration # GR Statement # GR Statem						
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hereby assign all my interest in and to application/permit/transfer; hereby assign all my interest in and to a portion of application/permit/transfer;  (You must include a map showing the portion of the application/permit to be assigned.) hereby assign a portion of my interest in and to the entire application/permit/transfer;  Application # G-15168 , Permit # G15158 ; Transfer #  OR-  GR Statement #, GR Certificate of Registration #  as filed in the office of the Water Resources Director, to:  Phillip & Lorissa Singhose  (Name of New Owner)  62425 County Line Rd . Bend OR 97701 541-317-0977  (Mailing address) (City) (State) (Zip) (Phone #)  NOTE: If there are other owners of the property described in this Application, Permit, Transfer on 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 or Certificate of Registration of this request for assignment.  Witness my hand this 29 day of DCC, 20 O6.  Applicant/Permit holder Sun Rules  Applicant/Permit holder	.0. Box	6 · J	Riley	OR	97758	541-493-2213
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Applicant/Permit holder Suns Russ						bed in this Application, Permit
mari 121/1) 1.	Witness my ha	and this 29	day of	Dec.	, 20 06	
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		Applica	nt/Permit holde	er M	vie B'	Kunels
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## 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 Salem - Fee receipt # 25827

- For Director by Jerry Sau Water Rights Division

The completed "Request for Assignment" form 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)]