

## Request for **Assignment**

(formerly a corporation named Oregon Waste Systems, Inc.)  (Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)				
17629 Cedar Springs Lane				541-454-3201
(Mailing Address)	(City)		(Zip)	(Phone #)
hereby assign all my interest in an Registration;	d to application/peri	mit/transfe	er/license/C	GR Certificate of
hereby assign <u>all my interest</u> in an of Registration; (You must include application/permit/transfer/license	a map showing the	portion of	f the	
hereby assign <u>a portion of my inte</u> Certificate of Registration:	rest in and to the end	<u>tire</u> applic	ation/perm	nit/transfer/license/GR
pplication # G-14127 ; Permi	t # G-12776	; 7	Transfer#	
oplication # G-14127 ; Permi	-OR-		-	
ense #; GR Statement # _	;(	JK Cerun	cate of Re	gistration #
filed in the office of the Water Resource				
Waste Management Disposal Service (Name of New Owner)	es Director, to: ces of Oregon, Inc.			
Waste Management Disposal Service (Name of New Owner)	es Director, to:	OR	97812	541-454-3201
Waste Management Disposal Service (Name of New Owner)	es Director, to: ces of Oregon, Inc.	OR	97812	
(Name of New Owner) 17629 Cedar Springs Lane	Arlington (City)  perty described in the must provide a list of the potential of the potent	OR (State)  e Applica of all other	97812 (Zip) tion, Permi	541-454-3201 (Phone #) it, Transfer, License, or names and mailing this Application,
Waste Management Disposal Service (Name of New Owner)  17629 Cedar Springs Lane (Mailing Address)  Note: If there are other owners of the property of the GR Certificate of Registration, you addresses and attach it to this form  I hereby certify that I have notified all of Permit, Transfer, License, or GR Certificate of GR Certificate	Arlington (City)  perty described in the must provide a list of the provide of Registration day of 1000 cm	OR (State)  e Applica of all other	97812 (Zip) tion, Perms er owners' escribed in	541-454-3201 (Phone #)  it, Transfer, License, or names and mailing this Application, Assignment
Waste Management Disposal Service (Name of New Owner)  17629 Cedar Springs Lane (Mailing Address)  Note: If there are other owners of the property of Registration, you addresses and attach it to this form I hereby certify that I have notified all of Permit, Transfer, License, or GR Certification.	Arlington (City)  perty described in the must provide a list of the provide of Registration day of 1000 cm	OR (State)  e Applica of all other	97812 (Zip) tion, Perms er owners' escribed in	541-454-3201 (Phone #)  it, Transfer, License, or names and mailing this Application, Assignment

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

- Fee receipt # 104660

- For Director by Jerry Sauter, Program Analyst in Water Rights Division.

Water Rights Division

along with the recording fee of \$75. WAIER RESOURCES DEPT

