

Request for Assignment RECEIVED BY OWRD

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	ard Langley / Trans					~	
(Nan	ne of Applicant / Pe	rmit / Transfer I	Holder / Li	icense Ho	lder/GR	Certificate	of Registration)
50 S. H	Keystone Ranch R	oad	Pr	ineville	OR	97754	541-416-9522
(Mai	iling Address)			(City)	(State)	(Zip)	(Phone #)
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	NE Ochoco Hwy.		Pı	rineville (City)		97754 (Zip)	541-410-9356 (Phone #)
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