REQUEST FOR ASSIGNMENT

FEB - 5 1998

I. (permit holder anni:	1 0 7 1
-, (politic horder, applicant)	KIEL S. BENN WATER RESOURCES DE
(mailing address) (city) (state) (zip) (phone)	
(mailing address) (city) (state) (zip) (phone)	
CHECK ONE	541-963-5567
[] - hereby assign all my interest in and to application/permit;	
[] - hereby assign <u>all my interest</u> in and to a portion of application/permit (include a map showing portion of application assigned);	
$\sqrt{\ }$ - hereby assign <u>a portion of my interest</u> in and to the entire application/permit;	
Application #, Permit #; OR GR Statement #, GR Certificate of Registration #; as filed in the office of the Water Resources Director.	
OR GR Statement #, GR Certificate of Registration #	
as filed in the office of the Water Resources Director, to:	
(name of new owner)	
(name of new owner)	
(address) (city) (state) (zip) (phone)	
(address)	OR 97850 541-963-8441
(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses 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 3 day of Feb, 1998.	
applicant/permit holder And Ser	
applicant/permit holder	
DO NOT WRITE IN THIS BOX	
STATE OF OREGON,)	mb.
) 33	The completed assignment must be submitted to the
County of Marion.) I certify that the within was	Water Resources
received by me on the5th day of	Department together
Jebrumu 19 9 at _ 8 o'clock	with a recording fee of \$25. Additional pages
Miscellaneous Records, Vol	will cost \$5 per page.
Page ///	_
Water Resources Director	WATER RESOURCES DEPARTMENT 158 12TH STREET NE

AFFECTIVE THAT PART IN TAX LOTS

SALEM, OREGON 97310-0210

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