

Request for **Assignment**

1,	
I, SONTA L. LIND RLOOM (Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)	
162 VILLAGE DR. CoTTAGG Grove Or 97434 341-9 (Mailing Address) (City) (State) (Zip) (Phone #	142.300
(Mailing Address) / (City) (State) (Zip) / (Phone #	'''
hereby assign <u>all my interest</u> in and to application/permit/transfer/license/GR Certificat Registration;	e of
hereby assign <u>all my interest</u> in and to a portion of application/permit/transfer/license/C of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)	R Certificate
hereby assign <u>a portion of my interest</u> in and to the <u>entire</u> application/permit/transfer/lie Certificate of Registration:	
Application # 5-71884; Permit # 5-53080; Transfer #; GR Statement #; GR Certificate of Registration #	
-OR-	PAY MARAIL.
License #; GR Statement #; GR Certificate of Registration #_	
As filed in the office of the Water Resources Director, to:	
Timothy John Lindbloom (Name of New Owner)	And the state of t
(Name of New Cywner)	
905 NW. Southwater Dr. Boschung OR 9747	1 - 541.673.6
(Name of New Gwner) 905 NW. Southwater Dr. Roschwa OR 9747 (Mailing Address) (City) (State) (Zip) (Phone #	1 - 541·673·6
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905 NW. Southwater Dr. Roschung OR 9747 (Mailing Address) (City) (State) (Zip) (Phone #	License, or
(National Of New General) (Mailing Address) (City) (State) (Zip) (Phone # Note: If there are other owners of the property described in the Application, Permit, Transfer, I GR Certificate of Registration, you must provide a list of all other owners' names and maddresses and attach it to this form.	License, or nailing
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