

Request for **Assignment**

(Name of Applicant /	Permit / Transfer Holde	r)				
P.O. Box 682	Milton-Freewater	OR	97862	(541) 938-9463		
(Mailing address)	(City) (St	ate) (Zip)	(Phone #)		
hereby assign all my i	interest in and to applicat	ion/pern	nit/transfer;			
hereby assign <u>all my i</u> (You must include a r	interest in and to a <u>portio</u> map showing the portion					
 hereby assign <u>a portio</u> application # 				•	REC	CEIVED
pplication #	-O	R-			JUN	1 4 200
s filed in the office of the W			ration #			SOURCES M, OREGON
BANK OF WHITMAN		(FC	R SECURIT	Y PURPOSES)		
Name of New Owner)						
.O. Box 270	Colfax	_WA	99111	(509) 397-462	9	
Mailing address)	(City)	(State	e) (Zip)	(Phone #)		
Certificate of		tion, you ach it to	must provide this form.	a list of all other own	ers'	R. ASSIGNI
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Appl	icant/Permit holder	ge-	47	SUL		\
Appl	icant/Permit holder	Ща	litz	Sedic		
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DO NOT WRITE IN TH	wa naw		يسامر ديار	or Assignment" form n		

Last updated: Oct 3, 2006

For Director by Jerry Saute Water Rights Division

8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # **88122**

Request for Assignment/1

\$25 for the first page, and\$5 for each additional page.

[as required by ORS 536.050(1)(d)]

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