## Request for Assignment



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

Name of Curre	ent Holder o	f Record)						
92 Pine Grov	e Road			Rogue River	OR	97537	N/A	
failing Address)			(City)	(State)	(Zip)	(Phone #)		
hereby				application/perri authorized unde			limited license/ground	dwater
license, applica	/groundwat tion/permit	er statement; /transfer orde	(You must inc		ing the p	ortion of t		a
license	/groundwat	er statement;	(example, add	o <u>the entire</u> appli ding an additiona S-45181	person		sfer order/limited # N/A :	
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filed in the o	office of the	Water Resou	rces Director, t	0;				OCT 042
Allan Foglio a	nd Jennifer	Foglio						001 0 2 2
lame of New								OMD
1320 NW Har	tford Ave			Bend	OR	97703	(559) 269-4827	OWR
Aailing Addre	ss)			(City)	(State)	(Zip)	(Phone #)	Ų
	undwater st it to this fo by certify th	atement, you m. Write the at I have noti cense, or grou	must provide initials (first le fied all other o undwater state	a list of all other o tters) of your first wners of the prop ement of this Req	wners' r and las erty des uest of A	names and t names at scribed in t ssignment	nsfer order, limited lic mailing addresses and the spot indicated bel this application, permi	ow
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I here	hand this	(Day)	20 11	,				1.2
I here transfer order Witness my	Current Holes Trees allure to pr	(Day) der of Record astee Of ovide any of t	Ed W Delment the required h	Evelyn Lyinformation will re	TE I	ust da he return	ted Dec 11, 20 of your application.	14