Request for Assignment



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/owrd

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.

If for multiple rights, a separate form and fee for each right will be required.

Coquille Tribe				
(Name of Current Holder of Record)				
3050 Tremont Street	North Bend			541-756-0904 x1207
(Mailing Address)	(City)	(State) (Zip)	(Phone #)
hereby assign <u>all my interest</u> in and to <u>the enti</u> statement; (example, sold all the lar				limited license/groundwater
hereby assign <u>all my interest</u> in and to <u>a port</u> license/groundwater statement; (<u>You must in application/permit/transfer order/limited licenters or the land authorized under the right</u>	nclude a map showi ense/groundwater s	ng the po	rtion of t	he
hereby assign <u>a portion of my interest</u> in and license/groundwater statement; (example, a			rmit/tran	sfer order/limited
Application #S-88495; Permi	t#_ S-55135	; Transf	er Order	#;
Limited License #	; Groundwater	Stateme	nt #	
as filed in the office of the Water Resources Director	, to:			
Coquille Indian Tribe				
(Name of New Owner)				
3050 Tremont Street	North Bend	OR 9	7459	541-756-0904 x1207
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
Note: If there are other owners of the property de or groundwater statement, you must provid attach it to this form. Write the initials (first I hereby certify that I have notified all other transfer order, limited license, or groundwater states.	le a list of all other o letters) of your first owners of the prop	wners' na and last perty desc	mes and names at ribed in t	mailing addresses and the spot indicated below this application, permit,
Witness my hand this 23 rd day of 1 (Day) Signature of Current Holder of Record	(Month)	20	Year)	
Failure to provide any of the required	I information will re	esult in th	e return	of your application.

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt #________
For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$120.

Received
JAN 1 0 2025

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