

Request for Assignment

By Proof of Ownership (If Water Right Holder is Not Available)

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

Coquille Indian Tribe					
(Name of Party Request	ting Assignment)				
3050 Tremont St., P.O. B	ox 783	North Bend	OR	97459	541-756-0904
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)
✓ hereby request assi	ignment of application	n/permit/transfe	r/license	/GR Certifi	cate of Registration;
Registration; (You	ignment of a <u>portion</u> o must include a map s t/transfer/license/GR (howing the port	tion of th	ie	
have attached proof of own of a land sales contract, a co Department cannot accept a	ourt order or decree, de	ocumentation of			
Application # <u>S-83741</u> .icense # GR	; Permit # S-5	53529	: Т	ransfer#	
		-OR-		_	
icense # GP	R Statement #	; GR	Certifica	te of Regis	tration #
Westhrook Land and Timb	nor I I C				
Nestbrook Land and Timb (Name of Holder of Red					
(Name of Holder of Red PO Box 475		Coquille	OR	97423	
(Name of Holder of Red		Coquille		97423 (Zip)	(Phone #)
PO Box 475 (Mailing Address) Note: You are required to given or attempted to Failure to submit the limited to: a copy of 1) I certify that I am the license or GR Certification of the legal right.	furnish proof acceptal for each identified properties are current owner of the ficate of Registration. It to request assignment to contact the owner of the current owner of the ficate of Registration.	(City) ble to the Department of your ailing, copy of a	rtment that a party our request Death (cribed in the about the abo	(Zip) at notice of to the assignst. (Proof) Certificate, this application of the applica	f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) tion, Permit, transfer, 90-320-0060.
(Name of Holder of Red PO Box 475 (Mailing Address) Note: You are required to given or attempted in Failure to submit the limited to: a copy of 1) I certify that I am the license or GR Certiff 2) I have the legal right 3) I have not been able right. 4) I further certify that	furnish proof acceptal for each identified provise proof will result in freturned certified management of the ficate of Registration. In the request assignment to contact the owner of the information provise the information provise the information provise the contact the owner of the information provise the information provided the information	(City) ble to the Department of your ailing, copy of one property description of record for ided herein is trivial and the return of your ailing, copy of one property description of record for ided herein is trivial and the return of the re	rtment that a party our request Death (cribed in the about the abo	(Zip) at notice of to the assignment (Proof) Certificate, this applicate over reference correct to the satisfactory.	f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) tion, Permit, transfer, 90-320-0060. ed application or water e best of my knowledge.
(Name of Holder of Red PO Box 475 (Mailing Address) Note: You are required to given or attempted to Failure to submit the limited to: a copy of 1) I certify that I am the license or GR Certiff 2) I have the legal right 3) I have not been able right.	furnish proof acceptal for each identified provise proof will result in freturned certified management of the ficate of Registration. In the request assignment to contact the owner of the information provise the information provise the information provise the contact the owner of the information provise the information provided the information	(City) ble to the Department of your ailing, copy of one property description of record for ided herein is trivial and the return of your ailing, copy of one property description of record for ided herein is trivial and the return of the re	rtment that a party our request Death (cribed in the about the abo	(Zip) at notice of to the assignment (Proof) Certificate, this applicate over reference correct to the satisfactory.	f the assignment has been gnment. ORS 537.220(2) may include but not be or a court order.) tion, Permit, transfer, 90-320-0060. ed application or water e best of my knowledge.

DO NOT WRITE IN THIS BOX

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.

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- Fee receipt # 98465

- For Director by Jerry Sauter Program analyst in Water Rights Division

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$75.

RECEIVED

NOV 1 0 2009

WATER RESOURCES DEPT SALWA, OLEGON