

State of Oregon

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

Instream Lease Renewal Application

Complete the questions below and include any a Fill in or check boxes as indicated. (N/A=	ga "Talanda da d
The undersigned hereby request Instream Lease Num Fees: \$\simes \frac{1}{2} \frac{110.00}{2}\$ for an instream lease renewal approximately the control of th	plication
Term of the Lease: The lease is requested to begin in month October 1 year	
Validity of the Right(s) (check the appropriate box): ☐ The water right(s) to be leased have been used under the terms and conditions of the right(s) during the last five years or have been leased instream. ☐ If the water right(s) have not been used for the last five years, right(s). Documentation describing why the water right(s) is not subject to forfeiture is provided. ORS 540.610(2).	Termination provision (for multiyear leases): The parties to the lease request: □ a. The option of terminating the lease prior to expiration of the full term with written notice to the Department by the Lessor(s) and/or Lessee. □ b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. □ c. The parties would not like to include a Termination Provision. (See instructions for limitations to this provision)
☐Yes ☒No Conservation Reserve Enhancement P leased part of CREP or another Federa	rogram CREP – Are some or all of the lands to be all program (list here:)?
The undersigned declare: 1. The Lessor(s) agree during the term of this lease, to su	
right(s) and under any appurtenant primary or supplen and	nental water right(s) not involved in the lease application;
2. The Lessor(s) certify that I/we are the holders of the wadeeded land owner, I/we have provided documentation application and/or consent from the deeded landowner.	
Har Manf	Date: 11/03/2014
Signature of Lessor Printed name (and title): Robert G. Paul, Public V Douglas County Public Works Department Mailing Address (with state and zip): 1036 SE D Phone number (include area code): 541-440-4208	ouglas, Room 306, Roseburg, OR 97470
	Date:
Mailing Address (with state and zip):	me, if applicable: _REGEIVED BY OWRD
Phone number (include area code): **E- See next page for additional signatures.	mail address: NOV 06 2014

	Date:
Signature of Co-Lessor	
Printed name (and title):	
District/organization name:	
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:
	Date:
Signature of Co-Lessor	Datc
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:
	Date:
Signature of Lessee	
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip):	
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:
	SENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE
DEPARTMENT FLECTRONICALLY CODIES O	E THE FINAL ODDED DOCUMENTS WILL ALSO DE MAILED TO TH

DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR.

RECEIVED BY OWRD

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