

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 anyrequestion or check boxes as indicated.(N/A= Not		Instream Lease IL- 615 + Renewal Fee included MP
The undersigned hereby request Instream Lease Num Fees:	ication	
Term of the Lease: The lease is requested to begin in monthMarch year 2015	5 and end monthOctober v	ear 2019
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 (The parties to the lease □ a. The option of termin expiration of the full Department by the □ □ b. The option of termin expiration of the full parties to the lease.	for multiyear leases): request: nating the lease prior to ll term with written notice to the Lessor(s) and/or Lessee. nating the lease prior to ll term, with consent by all of like to include a Termination
☐Yes☐No Conservation Reserve Enhancement Pr part of CREP or another Federal progra	rogram CREP-Are some	•
 the undersigned declare: The Lessor(s) agree during the term of this lease, to su right(s) and under any appurtenant primary or supplem and The Lessor(s) certify that I/we are the holders of the w deeded land owner, I/we have provided documentation 	nental water right(s) not invariater right(s) involved in the	volved in the lease application; is Instream Lease. If not the
application and/or consent from the deeded landowner 3. All parties affirm that information provided in this leas not changed and all matters involved with or affected the lease was previously approved. We also acknowled referenced herein, are incorporated by reference in the	; and se application is true and a by the original instream lea dge that the terms and cond	ccurate. Circumstances have se remain as they were when
X/MM9 L	Date: <u>2/1</u> 8/15	
Signature of Lessor Printed name (and title): Keith Cyrus Business nar Mailing Address (with state and zip): 16900 Aspe Phone number (include area code): **E-I	en Lakes Drive, Sisters, 0	OR 97759
	Date:	
Signature of Lessor Printed name (and title): Business name Mailing Address (with state and zip): **E-name Phone number (include area code): **E-name See next page for additional signatures.	ne, if applicable:	

	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	
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip):	
Phone number (include area code):	**E-mail address:
Henevere Hibrit Signature of Lessee	Date: 2/25/2015
District Control of the control of t	

Printed name (and title): Genevieve Hubert, Program Manager

Business/organization name: <u>Deschutes River Conservancy Mitigation Bank</u> Mailing Address (with state and zip): 700 NW Hill Street, Bend, OR 97701

Phone number (include area code): 541-382-4077 **E-mail address: gen@deschutesriver.org

** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR.