

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

## Instream Lease Renewal Application

	Fill in or check boxes as indicated.(N/A=No	uired attachments t Applicable)	Instream Lease IL- 1243 Renewal Fee included
(he u	indersigned hereby request Instream Lease Num	ber <u>IL-1243</u> be renewed.	
ees:	\$110.00 for an instream lease renewal appl Check enclosedor Fee Charged to customer		Conservancy (Account name)
	n of the Lease:	17 1 1 1 1	0001
	lease is requested to begin in month <u>January year20</u> dity of the Right(s)	Termination provision (i	
	ck the appropriate box):	The parties to the lease request:	
	The water right(s) to be leased have been used	<ul> <li>☑ 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.</li> <li>☑ b.The option of terminating the lease prior to expiration of the full term, with consent by all</li> </ul>	
	under the terms and conditions of the right(s)		
	luring the last five years or have been leased nstream.		
_	the water right(s) have not been used for the last		
	ive years, right(s). Documentation describing why	parties to the lease.	st lika ta inakuda a Tamuinatian
	he water right(s) is not subject to forfeiture is	c.The parties would not like to include a Termination Provision.	
F	provided.ORS 540.610(2).	(See instructions for limit	ations to this provision)
Ye	s No Conservation Reserve Enhancement P. part of CREP or another Federal progr	rogram CREP—Are some ram(list here:)?	or all of the lands to be lea
ie un	dersigned declare:		
ri	he Lessor(s) agree during the term of this lease, to sught(s) and under any appurtenant primary or supplement	spend use of water allowed nental water right(s) not inv	under the subject water olved in the lease application;
2. T	•		
de	he Lessor(s) certify that I/we are the holders of the weeded land owner, I/we have provided documentation oplication and/or consent from the deeded landowner.	n demonstrating authorizati	
de ap 3. A ne th	eeded land owner, I/we have provided documentation	n demonstrating authorizating; and see application is true and act by the original instream lead dge that the terms and cond	on to pursue the lease ccurate. Circumstances have se remain as they were when
de ap 3. A ne th	eeded land owner, I/we have provided documentation pplication and/or consent from the deeded landowner Il parties affirm that information provided in this lea ot changed and all matters involved with or affected ne lease was previously approved. We also acknowle	n demonstrating authorizating; and see application is true and act by the original instream lead dge that the terms and cond	on to pursue the lease ccurate. Circumstances have se remain as they were when
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de ap 3. A no the re P	peded land owner, I/we have provided documentation polication and/or consent from the deeded landowner. Ill parties affirm that information provided in this lead to changed and all matters involved with or affected are lease was previously approved. We also acknowle beferenced herein, are incorporated by reference in the Signature of Lessor trinted name (and title): Paul Bertagna Busing Address (with state and zip): PO Box 39 thone number (include area code): 541-549-6022	n demonstrating authorizating; and see application is true and act by the original instream leading that the terms and condition entirety.  Date: 4/-/3/7  Iness name, if applicable: 5. Sisters, OR 97759	con to pursue the lease courate. Circumstances have se remain as they were when litions of the original lease,  City of Sisters
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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:
Signature of Lessee Date: 4/13/17
Printed name (and title): Genevieve Hubert, Program Manager
Business/organization name: Deschutes River Conservancy
Mailing Address (with state and zip): 700 NW Hill St., Suite 1, Bend, OR 97703

\*\* 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.

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

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