

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

Instream Lease Renewal Application

		Instream Lease IL- 1703 Renewal Fee included
The undersigned hereby request Instream Lease Num	iber IL-1703 be renewed.	
Fees: \$130.00 for an instream lease renewal app		
☐ Check enclosed or ☐ Fee Charged to custo	mer account The Freshwat	er Trust (Account name)
Term of the Lease: The lease is requested to begin in month March year 20 Validity of the Right(s)	19 and end month October	year <u>2019</u>
(check the appropriate box);	Termination provision (f The parties to the lease r	
The water right(s) to be leased have been used	a. The option of termin	ating the lease prior to
under the terms and conditions of the right(s)	expiration of the full	term with written notice to the
during the last five years or have been leased	Department by the L	essor(s) and/or Lessee.
instream.	b. The option of termin	ating the lease prior to
If the water right(s) have not been used for the last	parties to the lease.	term, with consent by all
five years, right(s). Documentation describing why	C. The parties would no	ot like to include a Termination
the water right(s) is not subject to forfeiture is provided. ORS 540.610(2).	Provision.	
provided. ORS 340.610(2).	(See instructions for limita	tions to this provision)
Mailing Address (with state and zip): PO Box 16	rater right(s) involved in this a demonstrating authorization; and se application is true and accept original instream lease resthat the terms and condition in entirety. Date:	Instream Lease. If not the on to pursue the lease curate. Circumstances have not main as they were when the s of the original lease,
Phone number (include area code): <u>541-278-4444</u> Ce il 541-60-443.	**E-mail address:3	
	Date:	MAY 1 7 2019
Signature of Lessor		
Printed name (and title): Business nar Mailing Address (with state and zip): **E-1 Phone number (include area code): **E-1 See next page for additional signatures.	mail address:	Salem, OR

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:
Date: 5-16-19 Signature of Lessee
Printed name (and title): Rob Kirschner, General Counsel
Business/organization name: The Freshwater Trust
Mailing Address (with state and zip): 700 SW Taylor St., Suite 200, Portland, OR 97205
Phone number (include area code): 503-222-9091 x 50 **E-mail address:
rob@thefreshwatertrust.org
** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE

Received by OWRD

MAY 1 7 2019

Salem, OR

LESSOR.