

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 required attachments Fill in or check boxes as indicated. (N/A= Not Applicable)		Instream Lease <u>IL-</u> - <u>1770</u> Renewal Fee included	
The undersigned hereby request Instream Lease Number IL-1770 be renewed.			
Fees: \$130.00 for an instream lease renewal application Check enclosed or Fee Charged to customer account (Account name)			
Term of the Lease: The lease is requested to begin in month <u>11 year 2020</u> and end month <u>3 year 2021</u>			
 Validity of the Right(s) (check the appropriate box): 	Department by the L b. The option of termine expiration of the full parties to the lease.	equest: ating the lease prior to term with written notice to the essor(s) and/or Lessee. ating the lease prior to term, with consent by all ot like to include a Termination	
\square Yes \square No Conservation Reserve Enhancement Pr		· · ·	

leased part of CREP or another Federal program (list here:____)?

The undersigned declare:

- 1. The Lessor(s) agree during the term of this lease, to suspend use of water allowed under the subject water right(s) and under any appurtenant primary or supplemental water right(s) not involved in the lease application; and
- 2. The Lessor(s) certify that I/we are the holders of the water right(s) involved in this Instream Lease. If not the deeded land owner, I/we have provided documentation demonstrating authorization to pursue the lease application and/or consent from the deeded landowner; and
- 3. All parties affirm that information provided in this lease application is true and accurate. Circumstances have not changed and all matters involved with or affected by the original instream lease remain as they were when the lease was previously approved. We also acknowledge that the terms and conditions of the original lease, referenced herein, are incorporated by reference in their entirety.

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Signature of Lessor

Date: 11/11/2020

Printed name (and title): <u>Mike Britton, Secretary-Manger</u> Business name, if applicable: <u>North Unit</u> <u>Irrigation District</u>

Date:

Mailing Address (with state and zip): <u>2024 NW Beech St., Madras, OR</u> <u>97741</u> Phone number (include area code): <u>541-475-3625</u> **E-mail address: mbritton@northunitid.com

Signature of Lessor

Printed name (and title): _____ Business name, if applicable: _____

Mailing Address (with state and zip):

Phone number (include area code): _____ **E-mail address: _____

See next page for additional signatures.

	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:
Signature of Lessee	
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip):	
Phone number (include area code): *	**E-mail address:

** 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.