

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 IL- 1507 Renewal Fee included
Fees: \$130.00 for an instream lease renewal ap Check enclosed or Fee Charged to custo	plication	
Term of the Lease:		
The lease is requested to begin in month year 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	Termination provision (The parties to the lease a. The option of terminal expiration of the further department by the compartment by the compartment of the further departies 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
provided. ORS 540.610(2). Yes No Conservation Reserve Enhancement P	(See instructions for limit	
and The Lessor(s) certify that I/we are the holders of the wideded land owner, I/we have provided documentation application and/or consent from the deeded landowner. All parties affirm that information provided in this lead changed and all matters involved with or affected by the lease was previously approved. We also acknowledge	n demonstrating authorizating; and see application is true and as the original instream lease rethat the terms and condition	on to pursue the lease ccurate. Circumstances have not emain as they were when the
Signature of Lessor Printed name (and title): Ham Gall Business name Mailing Address (with state and zip): Fo Box Phone number (include area code): **E-	Date: $\frac{1-30-2021}{1-30}$	pgua Acres 8 31428 117 Photonal.com
Signature of Lessor	Date:	
Printed name (and title): Business name	me, if applicable:	RECEIVE
Mailing Address (with state and zip): Phone number (include area code): **E- See next page for additional signatures.	mail address:	FEB 0 5 2021
see neat page for additional signatures.		OWDD

	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:
4	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	Bate
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip):	
Phone number (include area code):	**E-mail address:
** DV DDOVIDING AN E-MAIL ADDDESS CONSI	ENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE

** 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.

RECEIVED
FEB 0 5 2021