

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 r Fill in or check boxes as indicated. (N/A=	- -	Instream Lease IL- <u>1615</u> Renewal Fee included 🔀
The undersigned hereby request Instream Lease Num Fees: \$\infty\$ \$130.00 for an instream lease renewal app Check enclosed or \$\infty\$ Fee Charged to custo	blication	ver Cons. (Account name)
Mailing Address (with state and zip): 19910 Tur	Termination provision (The parties to the lease recommendation of the full behavior of the full behavior of the full behavior of the full parties to the lease. I c. The parties would not provision. (See instructions for limitation of the full parties to the lease. I c. The parties would not provision. (See instructions for limitation of the full parties would not provision. (See instructions for limitation of the full parties would not provision. (See instructions for limitation of the full program (list here: I spend use of water allowed nental water right(s) involved in the notion demonstrating authorization; and use application is true and as the original instream lease recommendation of the full parties. Date: 3/12/2 (incess name, if applicable:	for multiyear leases): request: nating the lease prior to I term with written notice to the Lessor(s) and/or Lessee. nating the lease prior to I term, with consent by all ot like to include a Termination ations to this provision) ne or all of the lands to be)? I under the subject water rolved in the lease application; is Instream Lease. If not the on to pursue the lease ccurate. Circumstances have not emain as they were when the ns of the original lease,
	Date:	Received by OWRI
· · · · · · · · · · · · · · · · · · ·	me, if applicable:	APR 2 2 2021
Mailing Address (with state and zip): **E Phone number (include area code): **E 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): **E-mail address:
Date:
Signature of Co-Lessor
Printed name (and title): Business/organization name: Mailing Address (with state and zip):
Mailing Address (with state and zip): **E-mail address:
Signature of Lessee Date:
Printed name (and title): <u>Genevieve Hubert, Program Manager</u> Business/organization name: <u>Deschutes River Conservancy</u> Mailing Address (with state and zip): <u>700 NW Hill Street, Suite #1, Bend, OR 97703</u>
Phone number (include area code): 541-382-4077, ext 16 **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.

Received by OWRD

APR 2 2 2021

Salem, OR