Instream Lease Renewal Application



Oregon Water Resources Department

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

Fill in or check boxes as indicated. (Renewal Fee included	
he undersigned hereby request Instream Leas	e Number IL- SL-56 be	renewed.	
\$150.00 for an instream lease renev	wal application	(Account name)	
Term of the Lease:	Customer account		
The lease is requested to begin in month	year and end	monthyear	
Validity of the Right(s)		(for multiyear leases):	
(check the appropriate box): The water right(s) to be leased have been use		The parties to the lease request: a. The option of terminating the lease prior to expiration of the full term with written notice to	
under the terms and conditions of the right(s	expiration of the		
during the last five years or have been leased	the Department	by the Lessor(s) and/or Lessee. rminating the lease prior to	
instream.		full term, with consent by all	
If the water right(s) have not been used for t			
last five years, right(s). Documentation descri		ld not like to include a	
why the water right(s) is not subject to forfei is provided. ORS 540.610(2).		mitations to this provision)	
Yes YNo Conservation Reserve Enhancem leased part of CREP or another F undersigned declare:)?	
The Lessor(s) agree during the term of this least right(s) and under any appurtenant primary or application; and	e, to suspend use of water allo supplemental water right(s) no	wed under the subject water t involved in the lease	
The Lessor(s) certify that I/we are the holders of deeded land owner, I/we have provided documn application and/or consent from the deeded land	nentation demonstrating autho	this Instream Lease. If not the rization to pursue the lease	
All parties affirm that information provided in t not changed and all matters involved with or af the lease was previously approved. We also ack referenced harmingare incorporated by referen-	this lease application is true and ffected by the original instream knowledge that the terms and ce in their entirety.	lease remain as they were when	
Signature of Lessor		•	
Printed name (and title): A about Shawa	Business name, if applic	able: City of Walk Walk	
Mailing Address (with state and zin) 15:10	3rd Ave Walla Isla	lla WH 99362.	
Phone number (include area code):504.537	4502 E-mail address: NSha	iwac walahallawa .gd	
	Date:	3	
Signature of Lessor		RECEIVED	
Printed name (and title):	Business name, if applic	JUL 0 5 2022	
Mailing Address (with state and zip):		301 00 200	
Phone number (include area code):	**E-mail address:	OWRD	
See next page for additional signatures.		OWNE	

	Date:
Signature of Co-Lessor	
Printed name (and title):	Business name, if applicable:
Mailing Address (with state and zip):	
Phone number (include area code):	**E-mail address:
	Date:
Signature of Co-Lessor	
Printed name (and title):	Business name, if applicable:
Mailing Address (with state and zip):	
Phone number (include area code):	**E-mail address:
Janaskut	Date: 5/25/22 KRAT) WASHINGTON WATER TRYS) DIRECTBUSINESS name, if applicable:
Signature of Lessee	MESTLAKE AVE. N. SUITE 202 SEATTLE WI
Printed name (and title): EXECUTIVE	Direct Business name, if applicable:
Mailing Address (with state and zip): 1500	WESTLAKE ANE. N. SUITE 202, SEATTLE WI
Phone number (include area code): 266 312 - 69	**E-mail address: JAMES @ WACHINGTSHWATERTRUST. DR.
(286) 999 - 4	612 (cell)

** 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.

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