## **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

С	omplete the questions below Fill in or check boxes			Instream Lease <u>IL</u> Renewal Fee Includ	
The	undersigned hereby request	: Instream Lease Num	ber <u>IL- 1695</u> be	renewed.	,
Fees	s: 🔀 \$150.00 for an instre	am lease renewal app	olication		
	🔀 Check enclosed <b>or</b> 🗌	Fee Charged to custon	ner account	(Acco	unt name)
V: (c	erm of the Lease: he lease is requested to begin in alidity of the Right(s) check the appropriate box):  The water right(s) to be lease under the terms and condition during the last five years or he instream.	ed have been used ons of the right(s) lave been leased	the Department  b. The option of te	i (for multiyear leas se request:	prior to en notice to I/or Lessee. prior to
	If the water right(s) have not last five years, right(s). Documents why the water right(s) is not is provided. ORS 540.610(2).	mentation describing	parties to the le c. The parties wou Termination Pro (See instructions for li	ld not like to include vision.	Ì
Y		erve Enhancement Pr EP or another Federal	ogram <b>CREP</b> – Are sor program (list here:	ne or all of the lan	ds to be)?,
he u	ndersigned declare:				
2.	The Lessor(s) agree during the right(s) and under any appurted application; and The Lessor(s) certify that I/we addeded land owner, I/we have application and/or consent from	nant primary or suppler are the holders of the w provided documentation	mental water right(s) no rater right(s) involved in on demonstrating autho	t involved in the lea this Instream Lease	se . If not the
3.	All parties affirm that informati not changed and all matters inv the lease was previously appro- referenced herein, are incorpor-	on provided in this leas volved with or affected ved. We also acknowled	e application is true and by the original instream age that the terms and o	lease remain as the	y were when
			Date: <u>رہ /ع</u>	, ha	29
	Signature of Lessor  Stew  Printed name (and title): rand  Mailing Address (with state and  Phone number (include area co	e Chandler, aging Member   zip): <u>1219 Mode</u>   de):541-459-4000**	, , , , , , , , , , , , , , , , , , ,		<u>Nerview</u> fara <u></u> <u>DF</u> M.net
			Date:		
	Signature of Lessor				
	Printed name (and title):			able:	<del></del>
	Mailing Address (with state and				
	Phone number (include area co	de):**	'E-mail address:	CEIVED	<u> </u>
	See next page for additional	signatures.		CIVEL	
	7/1/2021	Instream Lease Renewo	ıl Form / 1	CT 3 Q 2023	TACS

	Date	
Signature of Co-Lessor		
Printed name (and title):	Business name, if applicable:	
Mailing Address (with state and zip):		
	**E-mail address:	
	Date:	
Signature of Co-Lessor	Date.	
_		
	Business name, if applicable:	
Mailing Address (with state and zip):		
Phone number (include area code):	**E-mail address:	
	Date:	
Signature of Lessee		
Printed name (and title):	Business name, if applicable:	
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.