

DEPARTMENT OF NATURAL RESOURCES  
AND CONSERVATION

Trust Land Management Division



GREG GIANFORTE, GOVERNOR

1539 ELEVENTH AVENUE

DIRECTOR'S OFFICE (406) 444-2074  
TELEFAX NUMBER (406) 444-2684

PO BOX 201601  
HELENA, MONTANA 59620-1601

STATE LEASE # \_\_\_\_\_

THE ASSIGNEE MUST INCLUDE A WRITTEN RESPONSE TO THE FOLLOWING QUESTIONS:

**\*\*Important\*\*** Provide the contact information for the designated local manager of the State lease.  
(This person should have authority to make management decisions regarding this lease.)

\_\_\_\_\_  
(Name & Phone #)

1. Give a brief statement indicating why the assignment is being requested.

\_\_\_\_\_  
\_\_\_\_\_

2. Give a brief review of the assignee's business and background.

\_\_\_\_\_  
\_\_\_\_\_

3. List any consideration or payment transactions resulting from the assignment of this lease, including compensation for improvements.

\_\_\_\_\_  
\_\_\_\_\_

4. If this is a grazing lease, give a brief description of intended future livestock use.

Class of Livestock: \_\_\_\_\_ Number of Livestock: \_\_\_\_\_  
(cow/calf pairs, yearlings, etc.)

Season of Use: \_\_\_\_\_ Number of Months: \_\_\_\_\_  
(spring, summer, fall, winter)

*Use the lines below to provide any other relevant information regarding future livestock use.*

\_\_\_\_\_  
\_\_\_\_\_

5. Have you received a copy of the state lease?  Yes  No

6. Have you attained the age of 18 years?  Yes  No

*By law, the State cannot lease to individuals under the age of 18 years.*

NOTE: If the lease includes crop or CRP lands, all changes to federal farm program payments or contracts must be approved or amended by the appropriate Farm Service Agency office and verification presented to the Department.

\_\_\_\_\_  
ASSIGNEE SIGNATURE

\_\_\_\_\_  
DATE