



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
BUREAU OF FORESTRY

REQUEST FOR ASSIGNMENT OF LEASE
(WHEN THERE WILL BE A CHANGE OF OWNERSHIP)

TO: District Forester
Department of Conservation and Natural Resources

Date: _____

I hereby request permission for assignment of Forest Camp Lease Number _____

Name of Lessee/Agent _____
(Signature) (Print)

Person Making Request (if not the agent) _____
(Signature) (Print)

Permanent and/or Mailing Address* _____
(Street and Number)

(City) (State) (Zip Code) Telephone Number (____) _____

The Lessee shall provide an officially approved copy of this document to the purchaser before entering into any sales agreement. _____
(Purchaser's Signature)

SAMPLE

FOR DEPARTMENT USE ONLY

The request made above is approved subject to the completion of the following terms by the date of:

_____. *If the District Forester or their designee's signature is missing below, this form will not be considered as being valid.*

Approved by: _____
District Forester

Date _____

* If P.O. Box, Lessee must provide their residential address as well.