OMB# 1076-0180
Expires 07/31/2029

Reference ID
(Internal Use Only): _____ Legal Description: _____

BIA Lease Number: _____ Compliance Due Date: _____

Assignment Liability Form

Lessee Contact Information:

Assignee: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _

Non-Compliance Issue(s):

The following work shall be completed by _____:

See letter for other pertinent information regarding instructions, extensions & regulations.

I/We **assume the responsibility of the above corrective actions** ***related to the above described lease.***

Name (Printed) _____

Signature _____

Date _____