



OHIO DEPARTMENT OF NATURAL RESOURCES
REQUEST FOR DIRECTOR'S CONSENT FORM

Please type or print clearly using blue or black ink. * Information is required in order to process the request.

For assistance please contact the Office of Coastal Management at: (419) 626-7980

LEASE ACTION REQUESTED

*1. To request a Consent from the Director of ODNR check the box or boxes below that apply:
[] Consent to Assignment [] Consent to Mortgage [] Consent to Sublease

SUBMERGED LANDS LEASE INFORMATION

*2. Lease File Number (SUB-0000-XX):
*3. Site address:

LESSEE OF RECORD INFORMATION

*4. Name:
*5. Mailing address:
*6. Primary telephone number:
*7. Alternate telephone number:
*8. Email address:
Authorized Representative or Agent Information if Applicable:
9. Name, Title:
10. Mailing address:
11. Telephone number:
12. Fax number:
13. Email address:

ASSIGNEE OR SUBLESSEE INFORMATION

*14. Name:
15. Entity type (e.g., LLC, Trustee, Corp.):
*16. Marital status: [] Single [] Married [] NA
*17. Mailing address:
18. Primary telephone number:
19. Alternate telephone number:
20. Email address:

LAKEFRONT PARCEL RECORDED TITLE DEED (Consent to Assignment Only)

[] Copy of recorded deed attached [] Copy to be provided after transfer & recording

SIGNATURE - LESSEE OF RECORD

I certify that I am familiar with the information contained in this application and, to the best of my knowledge and belief, such information is true, complete, and accurate.
Signature of Lessee of Record or Authorized Agent Date
Print Name, Title

EMAIL TO: coastal.regulatory@dnr.ohio.gov

MAIL TO: Ohio DNR, Office of Coastal Management, 2514 Cleveland Road East, Huron, OH 44839