



**State of Utah
School and Institutional
Trust Lands Administration**

675 East 500 South #500
Salt Lake City, UT 84102-2818
Telephone No. (801)538-5100
Fax No. (801)355-0922
Web site: trustlands.utah.gov

Date: _____

LEASE APPLICATION SUPPLEMENTAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____ **Phone:** _____

Requested Lease Term: _____ **Years**

Intended Use of the property:

Please list or provide a schedule describing when any required improvements will be constructed or developed:

Please describe your experience in performing similar or related activities:

Please list your expected costs/expenses to fully develop the property:

Please outline your anticipated revenues/return to Trust Lands Administration:

Please outline your ability to perform on this lease (financial ability, technical or professional experience, etc.):