

State of Texas
Texas General Land Office
Application for State Land Use Lease
Commercial Lease (LC or SL) - Assignment



FOR GLO USE - INITIALS

Information collected by electronic mail and by web form is subject to the Public Information Act, Chapter 552, Government Code.

Easement No. _____

In order to transfer your Commercial or Surface Lease Easement, from the Texas General Land Office, to the new owner, please provide our office with the following information. **Along with this form, please submit proof of the sale to the Texas General Land Office, 602 N. Staples, Suite 240, Corpus Christi, TX 78401 (Colorado River and south thereof) or to the La Porte Field Office, 11811 North D Street, La Porte, TX 77571-9135 (if north of the Colorado River).**

Buyer Information:

Applicant/Official Company Name

Individual, Company, Partnership or Trust Name

Company Contact

(Salutation, First Name, Last Name, Title)

Work #

Cell #

c/o or Attn

Street Address

City

State

Zip Code

Country Email

☐ **Authorized Agent**

☐ **Company Contact**

Individual, Company, Partnership or Trust Name

Agent/Company Contact

(Salutation, First Name, Last Name, Title)

☐ Send contracts to Agent/
Company Contact

Work #

Cell#

c/o or Attn

Street Address

City

State

Zip Code

Country Email

Seller Information:

Applicant/Official Company Name

Individual, Company, Partnership or Trust Name

Company Contact

(Salutation, First Name, Last Name, Title)

Work #

Cell #

c/o or Attn

Street Address

City

State

Zip Code

Country Email

☐ **Authorized Agent**

☐ **Company Contact**

Individual, Company, Partnership or Trust Name

Agent/Company Contact

(Salutation, First Name, Last Name, Title)

☐ Send contracts to Agent/
Company Contact

Work #

Cell#

c/o or Attn

Street Address

City

State

Zip Code

Country Email

Physical Address
for LC or SL

City

State

Zip Code

Legal Description

Date of Sale

Appraisal Property ID No.

Have any changes been made to the
structure since previously permitted?

☐ Yes

☐ No

Corporate Applicants, please provide the following:

Name of President

Name of Secretary

State of Incorporation

Signature of Applicant/Agent

Name

Date