Lease Request Authorization Form

Owner Name:	**Co-Owner Name:**	**Owner Number:**
Social Security/Tax ID Number:	**Social Security/Tax ID Number:**	
Mailing Address:		
City, State and Zip Code:	**Phone Number:**	
Tax Parcel Number:	**Name on the Lease if Different than Above:**	

Please use the check boxes below that apply:

☐ Mail a lease copy to me at the above stated address

☐ Email a copy directly to me at: _____

☐ Email a copy directly to my bank/realtor at: _____

By completing this form, you are granting permission for a copy of your lease to be released to the designated party.

All owners must sign. Incomplete forms will not be processed.

_____ _____

Owner/Authorized Signature **Date**

_____ _____

Co-Owner/Authorized Signature **Date**

Submit To:

Mail: PennEnergy Resources, LLC
Attn: Land Administration
3000 Westinghouse Dr., Suite 300
Cranberry Township, PA 16066

Email: landadmin@pennenergyresources.com

Questions? Contact Owner Relations: Phone: 412-857-2291 Email: landadmin@pennenergyresources.com