

**Leech Lake Band of Ojibwe**

**Department of Heavy Equipment**

**Application**

- ALL AREAS OF THE APPLICATION MUST BE COMPLETELY FILLED OUT
- YOU MUST HAVE A PERMIT ISSUED FROM THE DEPARTMENT OF RESOURCE MANAGEMENT (DRM/LAND DEPARTMENT) FOR SERVICES REQUESTED, INCLUDING MOBILE HOME RELOCATIONS.

**APPLICATION REQUIRES ALL OF THE FOLLOWING INFORMATION:**

- Applicant must provide proof of ownership of the mobile home if requesting a mobile home relocation. (Mortgage, Purchase Agreement, Deed, Title Card, or Bill of Sale)
- Applicant must provide proof of ownership of the land. (Tribal Land Lease, Property Tax Statement, Multi-ownership must have a executed lease)
- Applicant must provide tax release (for mobile home relocations) if mobile home is not on Tribally Owned Land. Must be issued from the county where the mobile home is located.

**ONLY LEECH LAKE BAND OF OJIBWE ENROLLEES ARE ELIGIBLE TO APPLY FOR SERVICES.**

**ANY QUESTIONS, PLEASE CALL THE HEAVY EQUIPMENT OFFICE AT 218-335-3712 OR TOLL FREE AT 1-800-422-3909.**

## Heavy Equipment Application

Applicants Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Address of requested services: \_\_\_\_\_

**Household Information: List all persons (including yourself) living in the household.**

#	First Name	M.I.	Last Name	Relationship	Sex
1					
2					
3					
4					
5					
6					
7					
8					

#	Date of Birth	Occupation	Social Security	Tribal Affiliation
1				
2				
3				
4				
5				
6				
7				
8				

- 1) Is your dwelling located on: Tribal Land      Allotment Land      Taxable or Fee Land
- 2) Do you have a lease?      Yes      No
- 3) Do you own your own mobile home?      Yes      No
- 4) Have you or anyone in your household received services from Heavy Equipment in the past?      Yes      No      If yes, when? \_\_\_\_\_
- 5) Does anyone in your household have a health problem, handicap, or permanent disability?      Yes      No      IF YES, PLEASE PROVIDE DOCUMENTATION
- 6) Are you a veteran?      Yes      No
- 7) Do you live in a HUD/Mutual Help home?      Yes      No

**\*You must provide a copy of your home site lease, mortgage, and/or purchase agreement\***

Please provide what type of services you are requesting:

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If you are applying for a Mobile Home Relocation, you must provide the following information listed, sign, and date a **RELEASE OF LIABILITY** form.

\_\_\_\_\_ **Make**      \_\_\_\_\_ **Size**      \_\_\_\_\_ **Year**

**County Tax Release (if not on Tribal Owned Land)**

\_\_\_\_\_ **Skirting Removed:** Yes No

**Additions/Deck size**      \_\_\_\_\_ **Number of Axels**

Wheels/Tires must be aired up and in working condition, hitch needs to be mounted and utilities must be disconnected. **WE DO NOT DO THIS.**

Please provide physical address and specific directions to where mobile home is located:

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I swear the above information is true and correct to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand this is not a contract and does not bind either party.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

# LEECH LAKE HEAVY EQUIPMENT RELEASE OF LIABILITY AND CONSENT AUTHORIZATION

I, \_\_\_\_\_ give my consent and authorization for the Leech Lake Band of Ojibwe through it’s employees, agents, or independent contractors to perform the following work/activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The work/activity is to be performed on the property described as:

Physical Address: \_\_\_\_\_

Or Lot # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

By signing this agreement, I acknowledge that I am the sole owner of the property or that I am authorized by any other co-owners to act on their behalf. I agree to hold harmless the Leech Lake Band of Ojibwe or any of its employees, agents, or contractors for any injury, damage, or loss which may result from any actions undertaken to accomplish work/activity.

I understand that by giving consent I am receiving the benefit of the work/activity to be performed. In exchange for this benefit, I agree that I will not make any claim for compensation for the value, if any, of the structure(s) or other objects that may be damaged, removed, and/or disposed of, intentionally or unintentionally, as a result of the actions of the Leech Lake Band of Ojibwe, its employees, agents or contractors.

\_\_\_\_\_  
 Print Name Signature Date

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Physical Address

\_\_\_\_\_  
 Phone Number