



The Navajo Nation
Office of the Controller – Accounts Receivable Section
Business Site Leases
Site Status Report

Business Name: _____ **Lease Number:** _____
 Current Address: _____ Telephone No.: (____) _____

Lessee(s): _____

A. Lease Status:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> Active – Operating</p> <p>2. <input type="checkbox"/> Active – Non-Operating
 a) <input type="checkbox"/> <i>Developed</i> <input type="checkbox"/> <i>Undeveloped</i>
 b) <i>Bill @ Holdover Rate:</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i></p> <p>3. <input type="checkbox"/> Expired Operating
 a) <i>Expiration Date:</i> _____</p> <p>4. <input type="checkbox"/> Expired Non-Operating
 a) <i>Expiration Date:</i> _____</p> <p>5. <input type="checkbox"/> Expired – Reverted to Local Chapter</p> <p>6. <input type="checkbox"/> Cancelled
 a) <i>Cancellation Date:</i> _____</p> <p>7. <input type="checkbox"/> Terminated
 a) <i>Termination Date:</i> _____</p> | <p>8. <input type="checkbox"/> Settlement
 a) <i>Promissory Note:</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i></p> <p>9. <input type="checkbox"/> Abandoned
 a) <i>Business Closed?</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>
 b) <i>Date Business Closed:</i> _____</p> <p>10. <input type="checkbox"/> Permit Only
 a) <i>Begin Date:</i> _____
 <i>End Date:</i> _____</p> <p>11. <input type="checkbox"/> Lessee Deceased
 a) <i>Probate in Process?</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Yes</i>
 <i>Relinquished to:</i> _____</p> |
|--|--|

B. Action Requesting

- | | |
|---|---|
| <p>1. <input type="checkbox"/> Stop Billing
 a) <i>As of Date:</i> _____</p> | <p>2. <input type="checkbox"/> Continue Billing
 a) <i>Until Date:</i> _____</p> |
|---|---|

COMMENTS:

(Please Print) _____

Site Status Reviewed by: _____ Date: _____
 Department: _____

ACCOUNTS RECEIVABLE USE ONLY:	
Updated Business Site Lease Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____
Additional Comments: _____ _____ _____	
Reviewed by: _____	Date: _____