Refund, Credit, or Transfer Application

(Reference FSM 2230 and FSH 2209.13)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permittee (Name & MailingAddress) | | | | | | | | | | | | | | | Permit Number | | | | | | | |
|  | | | | | | | | | | | | | | | Date | | | | | | | |
| National Forest or Grassland | | | | | | | | | | | | Ranger District | | | | | | | | | | |
| APPLICATION IS HEREBY MADE FOR: *(Check One)*  Credit on next year’s fees for unused portion of       permitted use.  *(Year)*  Refund of fees for unused portion of       permitted use.  *(Year)* | | | | | | | | | | | | | | | | | | | | | | |
| Transfer credit to the account of | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | | |
| PERMITTEE ACTION | | | | | | | | | FOREST SERVICE ACTION | | | | | | | | | | | | | |
| allotment | cattle horses  sheep | no. of  head | period range  not used | | | | | permitted  head months  not used | | | | | rate per  head month | | | amount of credit | | computed  by | | | | checked  by |
|  |  |  | from | | | to | |  | | | | |  | | |  | |  | | | |  |
|  |  |  |  | | |  | |  | | | | |  | | |  | |  | | | | |
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|  |  |  |  | | |  | |  | | | | |  | | |  | |  | | | | |
|  |  |  |  | | |  | |  | | | | |  | | |  | |  | | | | |
| Total Credit or Refund | | | | | | | | | | | | | | | | $ | |  | | | | |
| REASON FOR LESS USE THAN PERMITTED: | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Permittee | | | | | | | | | | Title | | | | | | | | | Date | | | |
| RECOMMENDATION: (Check One) | | | | | APPROVAL | | | | | | DISAPPROVAL (Give reasons for either recommendation) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Recommending Officer | | | | | | | Name (*print*) | | | | | | | Title | | | | | | | Date | |
| ACTION: (Check One) | | | | | APPROVAL | | | | | | DISAPPROVAL (If disapproved, give reason(s)) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorized Officer | | | | | | | Name (*print*) | | | | | | | Title | | | | | | Date | | |

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