| US DEP | ARTMENT OF AGRIC | | | RVICE | FS-6500-25 (V. 07/2012) OMB No. 0596-0082 | |
|---|-------------------------------------|----------------|--------------------------------|--|--|--|
| REQUEST FOR VERIFICATION OMB No. 0596-0082 (Reference FSH 6509.18) | | | | | | |
| Instructions: Applicant - Comp | | | | or londing in | ectitution | |
| Instructions: Applicant - Complete items 1 thru 5. Forward directly to bank or lending institution. Bank or Please complete Items 6 thru 15. Return directly to | | | | | | |
| Lender - Resource Audit Branch, CFO Office, Albuquerque Service Center, Forest Service. | | | | | | |
| 101 B Sun Ave., NE, Albuquerque, NM 87109 Attn: | | | | | | |
| PART I - REQUEST | | | | | | |
| TO: Name and Address of Bank or Z. FROM: (Name and Address) | | | | | f Applicant) | |
| other Lending institutions | | , , , , , | | | | |
| | | | | | | |
| | | | | | | |
| | 0 07475454 | . 05 4 5 5 10 | A N I T | | | |
| 3. STATEMENT OF APPLICANT | | | | | DENT DALANCE | |
| TYPE OF ACCOUNT CHECKING ACCOUNT | ACCOUNT NUMBER | | | CURRENT BALANCE | | |
| SAVINGS ACCOUNT | | | | | | |
| OTHER | | | | | | |
| I have applied for a timber sale contra | ct or concessionaire | permit (pleas | e cross one | e out) with th | ne National Forest and | |
| state that my balance with the bank or lending institution named in Item 1 are as shown in Item 3. My signature below | | | | | | |
| authorizes verification of the information. Your response is solely a matter of courtesy for which no responsibility is | | | | | | |
| attached to your institution or any of your officers. | | | | | | |
| 4. Signature of Applicant | | | | 5. Da | ate , , , | |
| DADT II. VEDIFICATION | | | | | | |
| 6. Does applicant have any outstanding loans? 10. Is the account less than 2 months old? | | | | | | |
| | | | es No If Yes, fill in Item 11. | | | |
| TYPES OF LOANS MONTHLY PYMT. PRESENT BALANCE | | | 11. Date account was opened: | | | |
| Secured | TIVIT. | B) (E) (IVOE | II. Date | account we | opened. | |
| | | | 12. Payr | nent Experie | ence: | |
| Unsecured | | | | Favorable - | Unfavorable | |
| 8. <u>Is applicant's statement in Item 3 correct?</u> | | | | If unfavorable, please explain in remarks. | | |
| Yes No If no, fill Item 9. | | | | | | |
| 9. CURRENT BALANCES | | | | | | |
| CHECKING | SAVINGS | | | | | |
| 12 DEMARKS: | | | | | | |
| 13. REMARKS: | | | | | | |
| | | | | | | |
| | | | | | | |
| THE INFORMATION ON THIS FORM | IS CONFIDENTIAL. | IT IS TO BE | TRANSMI | TTED DIRE | CTLY, WITHOUT | |
| PASSING THOROUGH THE HANDS | OF THE APPLICANT | OR ANY OT | HER PAR | TY. | | |
| 14. Signature of bank or lending official. | | | 15. Date | | | |
| Folco or froudulant financial reporting on this forms is subject to a fine an invariant | | | | 10110010 | 1 1 | |
| False or fraudulent financial reporting on this form is subject to a fine or imprisonment under 18 U.S.C. 1001(a). Burden Statement | | | | | | |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a | | | | | | |
| collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596- | | | | | | |
| 0082. The time required to complete this information collection is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the | | | | | | |
| collection of information. | -, 3 | J : 2 2.2.3.11 | , 0 | · · · · · · · · · · · · · · · · · | 3 | |
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