

Waiver of Time Limit

(Reference FSM 2453)

FS-2400-0011 (REV. 2/2012) OMB 0596-0225 Exp 5/2014

A. Forest		C. Address for Returning this Form: Address:	
B. Ranger District	City/State:		
B. Hanger District		Zip Code:	
Section I: Contract Identification			
To be filled by Contracting Officer			
1. Purchaser Contractor 2. C		Contract Name:	
Address: City:	3. Contra	ct Number:	4. Award Date: / /20
State: 5 T		Termination Date:	
Zip Code: -		/20	
Section II: Volume of Timber To be filled by Contracting Officer			
		,	
Reported Cut and Removed:			/ /20
((Volume)	(Unit of Measure)	(Date)
Estimated Volume Remaining:			
	(Volume)	(Unit of Measure)	
Section III: Waiver To be filled by Contracting Officer			
You are hereby informed that you will be given a reasonable time, not beyond			
Signature:		Title: Contracting Officer Date: //20	
Name:			
Note to Purchaser : Please acknowledge receipt of this waiver and your acceptance of its conditions by completing Section IV, below, and returning the original to the address shown in Block C at the top of this form. A copy will be sent to you following final approval by the Contracting Officer.			
Section IV: Acceptance To be filled by Purchaser			
The above conditions are hereby accepted.			
Signature:		e	Date:/ /20
Name:			