	<u>ىنىل</u>	AND USE LI		<u>SE APPL</u>			
NAME OF APPLICANT							
ADDRESS							
CITY	STATE _			ZIP			
HOME PHONE	HONE BUSINESS PHONE						
Application is he Be specific and i						Collowing purp	oose(s):
SECTION						RANGE	
PART OF SECTION _	≁4	14	1/4	COUNTY			
SECTION		TOWNSHIP			N/S	RANGE	E/W
PART OF SECTION _	1/4	14	1/4	COUNTY			
SECTION		TOWNSHIP			N/S	RANGE	E/W
PART OF SECTION _	1/4	l ₄	14	COUNT	Y		
DURATION (MONTH)				(DAY)		(YEAR)	
THROUGH (MONTH)				(DAY)		(YEAR)	
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Mail completed form and \$25.00 application fee to the Area Office that handles the county the request is in. After an on-site inspection, the Area Manager will consider whether the proposed use is in the best interest of the trust. All applications should be sent to the appropriate Area Office for review (**note**: estimated processing time is 60-90 days).