## STOP. Do Not Fill Out the Below Unless You Want to Cancel.

## TRINITY COUNTY WILDFIRE MITIGATION PROJECT WITHDRAWAL FORM

To cancel the Right-of-Entry for the Trinity County Wildfire Mitigation Project, this Withdrawal Form must be signed by the Permittor, and delivered to:

Trinity County Resource Conservation District ATTN: Ms. Bethany Llewellyn P. O. Box 1450

#30 Horseshoe Lane, Weaverville, CA 96093

Email: <a href="mailto:bllewellyn@tcrcd.net">bllewellyn@tcrcd.net</a>
Phone: (530)623-6004 ext. 220

The Withdrawal Form must be countersigned and fully executed by an authorized employee or agent of the Permittee with the original Withdrawal Form obtained for the records of the Permittee. Allow at least five (5) business days to process. The Withdrawal Form will not be valid without the signature of an authorized employee or agent of the Permittee.

I, the Permittor, have read and understand the forgoing statement concerning the cancellation process. I hereby certify that the Hazardous Fuels Reduction treatment work, including mechanical or hand treatment such as broadcast chipping, mastication, or removal from the property has not yet commenced, and that I request to cancel the Right-of-Entry (ROE).

Printed Name of Property Ow	ner(s) or Owner's Agent			
	s) or Owner's Agent			Date
Property Address:				
City:		State:	Zip:	
Assessor Parcel Number(s) (A	PN):			
Phone:	Email:			
I hereby acknowledge receip	t of the foregoing reque	st for cancellation	•	
Printed Name of Permittee's	Authorized Employee or	Agent		
Signature of Permittee's Authorized Employee or Agent				 Date