

SNOWMOBILE TRAIL ASSISTANCE PROGRAM MAINTENANCE & TRAIL CLOSURE

Certification of Trail Closure
3rd Benchmark – Due May 15th

Section A: Certification

Trail Association Name: _____

Trail Coordinator Name (Please Print): _____

By signing this form, the Trail Association certifies that the snowmobile trail has been satisfactorily closed as defined within SNDTP Guidelines and all spring equipment maintenance has been completed per requirements of the spring equipment inspection.

Trail Coordinator Signature: _____

Date: _____

Is there any reason why SNDTP should withhold any part of this payment?

YES _____ NO _____

If yes, please explain:

Amount Requested \$ _____ (Up to 10% of the annual budget)

THIS INVOICE APPROVED FOR PAYMENT BY (Office Use Only):

Date Received:	Date Processed:	Initials:	Date Paid:	Amount:	Check#: