DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION TRUST LAND MANAGEMENT DIVISION 1539 Eleventh Avenue, 2nd Floor P. O. Box 201601 Helena, MT 59620-1601

APPLICATION FOR PERMIT TO TAKE AND REMOVE

		FROM STATE LANDS								
NAME OF APPLICANT:_										
ADDRESS:										
CITY:			STATE:			ZIP CODE:				
TELEPHONE:										
Application is hereby m	ade on the fo	ollowing d	lescrib	ed land	l:					
SECTION:	OWNSHIP	IP: RA			NGE:					
PART OF SECTION	ON:1⁄4	1/4	<u>_</u> ¼;	1/4		1/4;				
	**PI FASF	BREAK DES	SCRIPT	ION INT	O 10 A0	RFS PAF	RCFLS			
	TELASE	DREAK DE	<u>JCI(II I</u>		<u>0 10 A</u>	<u>SILS I AI</u>	<u>KCLLS</u>			
COUNTY:				A	CRES I	NVOLVE	:			
The total quantity of							nee	ded at t	this time will be	
		(cubic y	/ards, w	hich v	vill be ta	iken ar	nd remo	oved prior to	
MONTH:		DAY:	YE	AR:	,	and use	ed for t	he pur	oose of:	
IT IS HEREBY explicitly a	greed that P	ermittee v	will pa	y the se	et roya	lties.				
DATED THIS	DAY OF			, 2	0					
APPLICANT SIGNATURE	<u> </u>								_	
Type or Print Name Her	e:									