State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov/org/caer/cfa

Sheet ____ of ____

Snowmobile / ATV Trail Aids Program
Trail Grooming Record
Form 8700-005 (8/06)

Notice: Completion and submission of the data requested on this form is necessary to document actual costs incurred and is authorized pursuant to s. 350.12(4)(bm), Wis. Stats., and NR 50.05(16), NR 50.09(4)(f)4. and NR 64.13(5), Wis. Adm. Code. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. The costs documented here will serve as the basis of grant reimbursement.

Club / Contractor

County

Date	Trail Name / No.	Operator Name(s)	Hours of Operation Meter Time (nearest 10th) Begin	Hours of Operation Meter Time (nearest 10th) End	Total Eligible Hours	Groomer Type / Class	Drag Width - Length - Weight	Rate	Total $

Page Total $ _____