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 8700-006 (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
	DODGE

Date	Trail Name / No.	Operator Name(s)	Hours of Operation Meter Time (nearest 10th) Begin	End	Total Eligible Hours	Groomer # (from below)	Drag # (from below)	STAFF USE ONLY Groomer Rate	Total $
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
					-				$ -
				Total Hrs	**-**			**Page Total**	**$ -**

GROOMER & DRAG INFORMATION

Groomer #	Groomer Brand & Model #	Tracked?	HP	Drag Name & Model	Width & Length	weight
1						
2						

Groomer Rates	
A-1	$75
A-2	$65
A-3	$50
A-4	$45
B	$30

I hereby certify that the hours and equipment specified above have been used for the Dodge County Snowmobile Trail System according to the signed Grooming Contract and that this claim is just and correct to the best of my knowledge and belief.

Signature of person completing this form (Club Rep) | **Print Name** | **Phone Number**