

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
33 HAZEN DRIVE
CONCORD, NH 03305
(603) 271- 6183**

ROAD TOLL REFUND ASSIGNMENT

In accordance with RSA 260:47, I _____ hereby
(print your name)
assign my individual rights for a refund as per the attached ROAD TOLL REFUND application
(form RT122G) and invoices in the amount of _____gallons to the following snow
traveling club of which I am a member.

CLUB LEGAL NAME : **Kearsarge Trail Snails, Inc**
ADDRESS **P. O. Box 97**
CITY / STATE / ZIP **Warner, NH 03278**

I certify that the herein stated motor fuel on which the Road Toll has been paid was used
exclusively in the snow traveling vehicle(s) listed below:

Year_____ Make_____ Model _____ Registration Number _____
Year_____ Make_____ Model _____ Registration Number _____
Year_____ Make_____ Model _____ Registration Number _____
Year_____ Make_____ Model _____ Registration Number _____

I recognize that the refunds for which I have assigned my rights are to be used for the expansion
and maintenance of club trails as stated in RSA 260:47.

Signature: _____ date: _____
("This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.")

Instructions:

1. This assignment form must be attached to a completed refund application (RT122G) from the snow traveling club together with the invoices that are completed with the name of purchaser, name and address of the supplier, date of purchase, gallonage, and type of payment.
2. This form is only to be used when assigning your refund rights to the snow traveling club.