



## EMERGENCY TRAIL CHANGE FORM

Please complete this form if the Trail Association is requesting an emergency trail change. Emergency trail changes include but are not limited to: loss of land leases, un-harvested crops and avoidance of water or hazards. This form can be submitted to SNDTP at any time for review. All fields are required.

### Section A: Certification

Trail Association Name: \_\_\_\_\_

Trail Coordinator Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Trail Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section B: Trail Information

1. Trail Identification Name (name of the section of trail being affected): \_\_\_\_\_
2. Miles of trail the change affects: \_\_\_\_\_
3. What type of change is this:
  - Temporary: change will only exist for one season
  - Permanent: the change will need to be GPS'ed for mapping purposes

Explanation of why change is permanent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section C: Trail Map

Please attach a map to the form displaying the location of the current trail and the proposed trail. Each trail must be highlighted in a different color making it easier to understand for review.

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

<b>Date Received:</b>	<b>Date Processed:</b>	<b>Initials:</b>	<b>Date Approved:</b>	<b>Approved By:</b>