



675 East 500 South #500
 Salt Lake City, UT 84102-2818
 Telephone No. (801)538-5100
 Fax No. (801)355-0922
 Web site: trustlands.utah.gov

Date: _____

GRAZING PERMIT APPLICATION

Name(s): _____

 Address: _____

 City: _____
 State: _____ Zip Code: _____
 Phone: _____

FOR OFFICE USE

Application No: _____

PAYMENT INFORMATION

AUMS: _____
 AUM assessment: _____
 Application fee: _____
 Weed Control fee: _____
Total Fee: _____

I (we) hereby make application for a Grazing Permit, as provided by law, for the following-described and unsold State trust land situated in the County(s) of _____ for a term of _____ (not more than 15) years.

Intended season of use: _____ Type of livestock: _____

Description of Permitted Lands:

ALLOTMENT NAME	SUBDIVISION	SEC	TWP	RGE	ACRES
(Attach additional sheets if necessary)			TOTAL ACRES:		

Do you intend to obtain an agreement for exchange of use on federal allotment(s) which contain the state lands in this application? _____ (YES OR NO)

I hereby state that I am eligible under the grazing permit rules and regulations for a permit on this land, and agree to abide by the current rules and regulations governing Grazing Permits. I agree to pay the annual AUM assessment and weed control fee for the above described land. All parties with an interest in this permit must, by law, sign this application. The undersigned, in making this application and by entering upon any lands pursuant to any grazing permit issued, agrees to any and all terms set forth in such issued grazing permit.

 APPLICANT SIGNATURE

 TITLE

NOTE: A \$50.00 application fee, plus one year's AUM assessment and weed control fee must accompany this application.

FOR OFFICE USE ONLY

Funding Information	Acres
UT ST UNIVERSITY	
DEAF	
UT ST HOSPITAL	
INST FOR THE BLIND	
MINERS HOSPITAL	
NORMAL SCHOOL	
PUBLIC BUILDINGS	
YOUTH DEV CENTER	
RESERVOIRS	
SCHOOL	
SCHOOL OF MINES	
UNIVERSITY	
TOTAL ACRES:	

CHECKED BY: _____