

State of New Hampshire
Department of Safety
Department of Administration – Road Toll Bureau
10 Hazen Drive Concord, NH 03305
603 271 2311

Road Toll Refund Assignment

In accordance with RSA 260:47, I _____ hereby assign my individual Rights for a refund as per the attached Road Toll refund application (Form RT 122G) and invoices in the amount of _____ gallons to the following snow traveling club of which I am a member.

CLUB LEGAL NAME - Hidden Valley Sno-Riders Snowmobile Club
PO Box 98
Lempster, NH 03605

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:

Year _____ Make _____ Model _____ Registration Number _____

Year _____ Make _____ Model _____ Registration Number _____

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 the club trails as stated in RSA 206:47.

Signature _____ Date _____

This form is only to be used when assigning your refund to the snow traveling club.