



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 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 _____

ADDRESS _____

CITY/STATE/ZIP _____

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 invoices that are completed with name of purchaser, name & address of 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.