The State Of Utah
Division of Forestry, Fire And State Lands

GRAZING PERMIT APPLICATION

APPLICATION NO: _____ DATE: _____

APPLICANT INFORMATION:
Name(s): _____
_____
Address: _____
_____
City, St Zip: _____
Phone: _____

For Agency use only:

Lessee Number: _____

Legal Description Number: _____

Payment Information

AUMS: _____

Grazing Rental: _____

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 sovereign land situated in the County(s) of _____ for a term of _____ (not more than 15) years. Proposed season of use _____.

DESCRIPTION OF PERMITTED LANDS:

Allotment Name	Subdivision	Township	Range	Meridian	Section(s)	Acres
(Attach additional sheets if necessary)					Total Acres	0.00

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 an annual fee based on the current approved AUM fee for the above described land. All parties with an interest in this permit must, by law, sign this application.

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

_____
Applicant's Signature

NOTE: One year's grazing and weed control fee must accompany this application, plus a $50.00 application fee.