STOP. Do Not Fill Out the Below Unless You Want to Cancel.

SISKIYOU COUNTY WILDFIRE MITIGATION PROJECT WITHDRAWAL FORM

To cancel the Right-of-Entry for the Siskiyou County Wildfire Mitigation Project, this Withdrawal Form must be signed by the Permittor, and delivered to:

The McConnell Foundation 800 Shasta View Drive Redding, CA 96003 sisfire@mcconnellfoundation.org

Phone: (530) 226-6200

The Withdrawal Form must be countersigned and fully executed by an authorized employee or agent of the Permittee with the original Withdrawal Form obtained for the records of the Permittee. Allow at least five (5) business days to process. The Withdrawal Form will not be valid without the signature of an authorized employee or agent of the Permittee.

I, the Permittor, have read and understand the forgoing statement concerning the cancellation process. I hereby certify that the Hazardous Fuels Reduction treatment work, including mechanical or hand treatment such as broadcast chipping, mastication, or removal from the property has not yet commenced, and that I request to cancel the Right-of-Entry (ROE).

Printed Name of Property Ov	vner(s) or Owner's Agent			
 Signature of Property Owner	(s) or Owner's Agent			Date
Property Address:				
City:		State:	Zip:	
Assessor Parcel Number(s) (A	PN): 			
Phone:	Email:			
I hereby acknowledge receip	t of the foregoing reque	est for cancellation	1.	
Printed Name of Permittee's	Authorized Employee or	Agent		
Signature of Permittee's Authorized Employee or Agent				 Date