



CALIFORNIA CHINOOK SALMON KLAMATH RIVER DISASTER RELIEF PROGRAM

REQUEST FOR RECONSIDERATION BY THE "CALIFORNIA REVIEW COMMITTEE"

DATE: _____

NAME OF APPLICANT: _____

CALIFORNIA RESIDENT LICENSE REIMBURSEMENT APPLICATION:

2006 California Resident Salmon Vessel Limited Entry Permit Holder Name: _____

2006 California Resident Salmon Vessel Identification Number: _____

CALIFORNIA LOST INCOME APPLICATION—COMMERCIAL WHOLESALE FISH DEALERS/PROCESSORS:

2006 Commercial California Wholesale Fish Dealer's/Processors License Number: _____

CALIFORNIA LOST PERSONAL INCOME APPLICATION:

2006 California Salmon Vessel Permit Holder Name: _____

2006 California Salmon Vessel Identification Number: _____

CALIFORNIA CHINOOK SALMON RELATED BUSINESS LOST INCOME APPLICATION:

Business Owner(s) Name: _____

Business Name: _____

Business License/Permit Number: _____

CALIFORNIA CHINOOK SALMON RELATED BUSINESS LOST INCOME APPLICATION FOR BUSINESSES
WITHIN THE KLAMATH RIVER SYSTEM:

Business Owner(s) Name: _____

Business Name: _____

I, _____, request a Review of the
determination made by Pacific States Marine Fisheries Commission on the:

California Resident License Reimbursement Application: _____

California Lost Income Application-Commercial Wholesale
Fish Dealers/Processors: _____

California Lost Personal Income Application: _____

California Chinook Salmon Related Business Lost Income Application: _____

California Chinook Salmon Related Business Lost Income Application for Businesses
within the Klamath River System: _____

for the following reasons:

(continue on reverse)

(reasons continued:)

If you wish to have your Application reviewed, please fill out the form on the reverse and send to:

California Salmon Council
Post Office Box 2255
Folsom, California 95763-2255



Attention: David Goldenberg—Review Form