

**Illustration 1**  
**Field Manager's Fire Trespass Decision Document**

<b>FIELD MANAGER'S FIRE TRESPASS DECISION DOCUMENT</b>		
<b>Fire Name:</b> _____ <b>Fire Number:</b> _____ <b>State:</b> ____ <b>Field Office:</b> _____		
<b>Evaluation Criteria</b>		
	<b>Yes</b>	<b>No</b>
1. Has a fire cause been determined?	_____	_____
2. Has a suspect(s) been identified?	_____	_____
3. Can suspect(s) be located?	_____	_____
4. Has law enforcement made any arrest(s) or issued any citation(s) related to this fire?	_____	_____
5. Are there facts, circumstances, and/or evidence available to sustain trespass actions?	_____	_____
6. Investigation Summary of Facts:		
_____		
_____		
_____		
_____		
<b>FMO and Law Enforcement Officers' Recommendation</b>		
<input type="checkbox"/> The BLM should not proceed.		
<input type="checkbox"/> The BLM should proceed.		
<input type="checkbox"/> The BLM is pursuing criminal action. (If criminal action, check box above to proceed.)		
Recommendation Rationale _____ _____		
FMO and/or Law Enforcement Officers' Signature: _____ Date: _____ Typed Names: _____		
<b>Field Office Manager's Decision</b>		
<input type="checkbox"/> Proceed _____ Forward to Solicitor Case # _____ (AANNN-10-NNNN)		
<input type="checkbox"/> Not To Proceed		
Explain Decision Not To Proceed and file form with DI-1202: _____ _____ _____		
Field Manager's Signature: _____ Typed Name: _____ Date: _____		

**Illustration 2  
Notice of Suspected Trespass**

**UNITED STATES DEPARTMENT OF THE INTERIOR**



BUREAU OF LAND MANAGEMENT  
Shoshone Field Office  
400 West F. Street P.O. Box 2-B  
Shoshone, Idaho 83352-1522

In Reply Refer To:  
9238 (*Trespass #*)

Date:

**NOTICE OF SUSPECTED TRESPASS**

CERTIFIED – RETURN RECEIPT REQUESTED

Name of Suspected Trespasser  
Address  
City, State, & Zip Code

Re: *Fire Name & Number*

Dear

On *Date* the *Name* fire occurred in the *where ever* area and burned public land without authorization. An investigation indicates that you may be responsible for ignition of the fire. This action may be in violation of the Code of Federal Regulations (43 CFR 9212.1).

If you have evidence or information which tends to show that you are not responsible for starting the fire, you are allowed 21 days from receipt of this notice to present such evidence or information at the Bureau of Land Management, *Shoshone Field Office, 400 West F street, Shoshone, Idaho.*

Please contact *person's name* at *phone number* to establish a meeting time or with any questions that you may have. If no contact is made within the time allowed, a Trespass Decision and Bill for Collection may be issued.

Your immediate attention to this matter is appreciated.

Sincerely,

*I. M. Field Manager*  
Field Office Manager

**Illustration 3  
FIRE COST SUMMARY**

FIELD OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

FIRE NAME \_\_\_\_\_ FIRE NO. \_\_\_\_\_ DATE OF FIRE \_\_\_\_\_

PREPARED BY \_\_\_\_\_ PHONE NO. \_\_\_\_\_ APPROVED BY \_\_\_\_\_

SUPPRESSION COSTS

Personnel	\$ _____		
Sub-Total		\$ _____	
Equipment:			
_____	\$ _____		
_____	_____		
_____	_____		
_____	_____		
Heavy Equipment:			
_____	_____		
_____	_____		
_____	_____		
Sub-Total		\$ _____	
Aviation Costs:			
Helicopter	\$ _____		
SEAT	\$ _____		
Air Tanker(s)	\$ _____		
Support Vehicle	_____		
Sub-Total		\$ _____	
Repair Costs:			
_____	\$ _____		
_____	_____		
Sub-Total		\$ _____	
Subsistence:			
_____	\$ _____		
_____	_____		
_____	_____		
Sub-Total		\$ _____	
Total:		\$ _____	\$ _____
Administrative Services ( 18 %)		\$ _____	\$ _____
Total:			\$ _____
Rehabilitation Costs		\$ _____	
Total:			\$ _____

MUTUAL AID COSTS

AGENCY	_____	_____
Personnel	\$ _____	\$ _____
Equipment	_____	_____
Equipment Rental	_____	_____
Retardant	_____	_____
Other	_____	_____
Travel	_____	_____
Sub-Total	_____	_____

**Illustration 4  
FIELD OFFICE  
FIRE TRESPASS CASE FILE TRACKING**

**Name of Incident:**

**Responsible Party:**

**Fire Number:**

**Address:**

**Date of Fire/Trespass:**

**Trespass Number:**

**Legal Description:**

**Field Office:**

<u>Action</u>	<u>Date</u>	<u>Signature/Initials</u>
1. Responsibility Determined	_____	_____
2. Field Manager Determination to Pursue Trespass Processing (Fire Trespass Decision Document)	_____	_____
3. Assign Trespass Number/Make Trespass Folder	_____	_____
4. Letter of Suspected Trespass	_____	_____
Date Letter Received:	_____	
5. Meet with unauthorized user (within 21 days of receipt of letter)	_____	_____
6. Solicitor Notification	_____	_____
7. Successful Negotiation:		
Bill for Collection Prepared and payment made	_____	_____
Case File Closed	_____	_____
8. Formal Trespass Decision & Bill for Collection Prepared	_____	_____
Date Received by Responsible Party	_____	
a. Trespasser Ignores Decision & Bill		
Demand Letter #1 (30 days after receipt of Bill) Date Letter #1 Received	_____	_____
Demand Letter #2 (15 days after receipt of Ltr#1) Date Letter #2 Received	_____	_____
Copy of Case File to SD for 3 <sup>rd</sup> Demand Letter & Collection (15 days after receipt of Ltr#2)	_____	_____
b. Trespasser Appeals Decision		
Original Case File to IBLA and Copy Case File copy to SD (within 10 days of appeal)	_____	_____
9. Compromise Payment Made or IBLA Decision	_____	_____
10. Case File Closed	_____	_____

## Illustration 5

### BLM Fire Reporting - Fire Report: New

#### General Reporting Information

Status Code	New	Reporting Agency	Bureau of Land Management
State	Idaho	District or Field Office	Southern Idaho District (SID)
Fire Number	<input type="text"/>		
Fire Type - Protection Type	Instructions for the selected Fire Type - Protection Type		
	<input type="text"/>		
Cause	<input type="text"/>	Reimbursable?	<input type="text"/>
Burning Index	<input type="text"/>	Net Resource Value Change	<input type="text"/>

#### Statistical Data

State - County	Owner	Vegetation	Acres	
			Burned/Treated	Total Project
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

#### Agency Data

Fire Name	<input type="text"/>	Resource Area	<input type="text"/>	Owner	<input type="text"/>
Location (origin of fire)	<input checked="" type="radio"/> Degree <input type="text"/> <input type="text"/> <input type="text"/> Latitude <input type="text"/> <input type="text"/> <input type="text"/> Longitude <input type="text"/> <input type="text"/> <input type="text"/>		<input type="radio"/> UTM    Zone <input type="text"/> Easting <input type="text"/> Northing <input type="text"/>		

#### Fire Management Data

	Month	Day	Year	Hour	Minute	Type	Amount	Acres
Discovery /Start	<input type="text"/>		<input type="text"/>					
Initial Attack	<input type="text"/>							
						<input type="text"/>	<input type="text"/>	
						<input type="text"/>	<input type="text"/>	
						<input type="text"/>	<input type="text"/>	
Controlled /Complete	<input type="text"/>			<input type="text"/>				
Declared Out	<input type="text"/>	<input type="text"/>	<input type="text"/>					

#### Site Data

Topography	<input type="text"/>	Aspect	<input type="text"/>
Slope	<input type="text"/>	Elevation	<input type="text"/>
Weather Station	<input type="text"/>	FBPS Fuel Model	<input type="text"/>
MSGC Model	<input type="text"/>	MSGC Slope	<input type="text"/>
MSGC Grass	<input type="text"/>	MSGC Climate	<input type="text"/>
Special Area	<input type="text"/>		

#### Remarks

#### Contact Information

	Name (First MI Last)	Title	Month	Day	Year
Authorized By:	<input type="text"/>				
Entered By:	<input type="text"/>				

## Illustration 5

### BLM Fire Reporting - Trespass Investigation: X000 (Sample)

<i>Fire Number:</i> X000 <i>Fire Name:</i> Sample <i>Date:</i> Thursday, Jun. 22, 2000 <i>State:</i> Idaho <i>District or Field Office:</i> Southern Idaho District (SID)	<i>Fire Type:</i> Action Fire (1) <i>Protection Type:</i> BLM land protected by BLM (1) <i>Latitude:</i> <i>Longitude:</i> <i>UTM:</i> Z E N
---	--

Cause	<input type="text"/>
If "Other, known"	<input type="text"/>
People Classification	<input type="text"/>

Status	<input type="text"/>
<i>If there is a case, you must provide the Trespass Case Number</i> <input type="text"/> -10- <input type="text"/> <i>format: aannn-10-nnnn</i>	
<i>If there is not a case, you must provide the name and title of the field manager and the rationale for the decision.</i>	
Authorized by	Name: <input type="text"/> Title: <input type="text"/>
Rationale	<input type="text"/>

	Amount	Month	Day	Year
Billed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recovered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received by BLM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Remarks](#)





**Illustration 6  
Voluntary Statement (Signature Sheet)**

Form 9260-18b (April 1994)  UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT <b>VOLUNTARY STATEMENT</b> (SIGNATURE SHEET)	Page ____ of ____
	Incident Number
	Name of Person Giving Statement

**WARNING**

18 U.S.C. 1001 States - Whoever in the matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representation or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

I have read this statement consisting of \_\_\_\_ pages. I fully understand this statement and declare that the foregoing is true, accurate, and complete to the best of my knowledge. I have signed or initialed each and every page and have been given the opportunity and to make any corrections or additions.

I made this statement freely and voluntarily, without threats or rewards, or promises of reward having been made to me in return for it.

\_\_\_\_\_  
Signature of person giving statement \_\_\_\_\_  
Date

SWORN/AFFIRMED AND SUBSCRIBED TO before me, on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Witness (if required) \_\_\_\_\_  
Special Agent or Ranger of the  
U.S. Department of the Interior  
Bureau of Land Management

Witness name (Print) \_\_\_\_\_ Name (print) \_\_\_\_\_

Witness Address: \_\_\_\_\_ Badge Number: \_\_\_\_\_

**AUTHORITY TO ADMINISTER OATHS AND AFFIRMATIONS**

**43 U.S.C. 1466. Administration of oath, affirmations, etc., by employees of Division of Investigations; force and effect**

Special agents and such other employees of the Division of Investigations\*, Department of the Interior of the United States, as are designated by the Secretary of the Interior for that purpose, are authorized and empowered to administer to or take from any person an oath, affirmation, affidavit, or deposition whenever necessary in the performance of their official duties. any such oath, affirmation, affidavit, or deposition administered or taken by or before a special agent or such other employee of the Division of Investigations, Department of the Interior, designated by the Secretary of the Interior, when certified under his hand, shall have like force and effect as if administered or taken before an officer having a seal.

\*Delegated to the Bureau of land Management pursuant to reorganization plan No. 3 of 1950, 43 U.S.C. 1451.

**PRIVACY ACT STATEMENT**

Sections 1466 and 1733 of Title 43 of the U.S. Code authorized collection of this information. The primary use of this information is for use by BLM law enforcement officers in conducting criminal investigations. Additional disclosures of the information may be made to other Bureau of Land Management officials for conducting administrative and civil damage collection procedures; to other Federal, State or local law enforcement agencies for investigative purposes; to Federal, State or local prosecutorial officials; and/or to Federal, State or local judicial officials or proceedings.

Furnishing the information on this form, including your social security number, is voluntary.

If the Bureau of land Management uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

**Illustration 7  
Initial Report of Unauthorized Use**

Form 9230-10  
(March 1986)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**INITIAL REPORT OF UNAUTHORIZED USE**

Number

State

District

Date

1. Name of person reporting		Address (include zip code)	
2. Occupation and title			
3. DATE		4. Type of unauthorized use	
a. Reported (month, day, year)	b. Discovered (month, day, year)		
5. LOCATION			
Section	Township	Range	Subdivision
Meridian		County	State
6. How was the unauthorized use discovered			
7. What does unauthorized use appear to be? (Check One)		8. What is the recommendation? (Check one)	
<b>G</b> Criminal	<b>G</b> Civil in Nature	<b>G</b> Report immediately to BLM Special Agent	<b>G</b> Investigate Further
Name of reporting officer		Title	

Comments and recommendations (include name and address of suspected unauthorized user, if known)

CAUSE CODE:

\_\_\_\_\_  
(SIGNATURE OF REPORTING OFFICER)

\*Informant's name may be held confidential at their request

Possible Billable Fire    Yes    No

**Illustration 8  
Notice of Trespass**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**TRESPASS NOTICE**

Number
State
District
Date

!

!

YOU ARE HEREBY NOTIFIED That the Bureau of Land Management has made an investigation and evidence tends to show that you are in trespass. We allege that you **G** are violating **G** may have violated **G** have violated the law(s) specified below and the regulation(s) approved by the Secretary of the Interior pursuant to the authority vested in him by said law. Therefore, it is our opinion that you:

Have committed the following act(s):

Are in violation of the following law(s):

And are in violation of the following regulation(s):

On the following-described land *(describe the area by legal subdivision if surveyed, or if unseurveyed, by concise reference to such natural landmarks as will clearly identify the area)*:

**Illustration 8  
Notice of Trespass (Continued)**

1. **G** Violations, if continuing, *must* stop immediately.
2. **G** You are allowed \_\_\_\_\_ days from receipt of this notice to cease the alleged trespass operation.
3. **G** If you have evidence or information which tends to show you are not a trespasser as we have alleged, you are allowed \_\_\_\_\_ days from receipt of this notice to present such evidence or information at the Bureau of Land Management office shown on the front of this form.

You are allowed \_\_\_\_\_ days from receipt of this notice to appear at the Bureau of Land Management office shown

on the front of this form to effect a settlement for trespass damages.

Failure to comply with this notice will result in further action to protect the interests of the United States. You are further advised that the authorized officer may refuse to issue a permit, lease, or license to a trespasser who has failed to make satisfactory arrangements to satisfy his liability to the United States, as provided in 43 CFR 4150.3e and 4170.1-1. The officer may also refuse to sell timber or materials as provided in 43 CFR 9239.0-9.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Title)

CERTIFICATE OF SERVICE

I, \_\_\_\_\_,

CERTIFY That on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, I served written notice on \_\_\_\_\_ of \_\_\_\_\_ the party's address of record, by a true copy of the within notice by **G** personal service **G** certified mail. If by certified mail, the envelope containing said notice bears registry stamp number \_\_\_\_\_ and return receipt marked "for addressee only" has been requested.

\_\_\_\_\_  
(Signature of Server)

\_\_\_\_\_  
(Title)

**Illustration 9**  
**Field Manager's Trespass Letter**

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

*Your Office Name*  
*Your Office Address*  
*Your Office City, State, & Zip Code*

In Reply Refer To:  
9230 (*Trespass Number*)

*Name of Trespasser*  
*Address*  
*City, State, Zip Code*

RE: *Fire Name and Number*

On date of fire , a fire known as the *fire name* was reported to *enter your dispatch center name and location*. Investigation indicates that you were responsible for the ignition of this fire.

Enclosed is a Bill for Collection (Bill Number XXXXXX) summarizing the costs incurred as a result of this fire. Also enclosed is an itemized list of these expenses in support of the Bill for Collection and a Notice of Actions in Event of Delinquency. The check or money order should be made payable to the Department of the Interior - BLM.

Within 30 days of receipt of this decision, you have the right to appeal this decision to the Interior Board of Land Appeals, Office of the Secretary, in accordance with the regulations found in 43 Code of Federal Regulations 4-4000. If an appeal is taken, you must follow the procedures outlined in the enclosed form; Information on Taking Appeals and Stays to the Board of Land Appeals. The appellant has the burden of showing that the decision appealed from is in error.

If you have any questions regarding this matter, please contact *your contact person's name and phone number*.

Sincerely,

*Field Manager Name*  
*Title*

Enclosures - 3

Bill for Collection  
Notice of Actions in Event of Delinquency (P.L. 97-365, 31 U.S.C. 951-953)  
Information on Taking Appeals and Stays to the Board of Land Appeals

## Illustration 10 Bill for Collection

Form 1371-22 (May 1988)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  BILL FOR COLLECTION	Bill Number	
		Date	
Make Remittance Payable To:			
†		Please detach top portion of this bill and return with remittance.	
PAYER:	BILLEE		
		Amount of Payment \$ _____	
DATE	DESCRIPTION	AMOUNT	
INTEREST WILL BE ASSESSED AT THE RATE OF 8 % PER YEAR IF FULL PAYMENT IS NOT MADE WITHIN 30 DAYS OF THE DATE OF THIS BILL. SEE NOTICE OF ACTIONS IN EVENT OF DELINQUENCY ON REVERSE.			
AMOUNT DUE THIS BILL			
NOTE: A receipt will be issued for all cash remittances and for all other remittances when required by applicable procedures. Failure to receive a receipt for cash payment should be promptly reported to the Bureau or office shown above.			

**Illustration 10**  
**Notice of Actions in Event of Delinquency**

If payment is not received within 30 days of the date of the enclosed bill, the following sequence of charges will be applied to your account:

1. Interest for late payment will be assessed from the date of the original bill.
2. If payment is not received within 60 days of the date of the original bill, this debt may be submitted to a credit reporting agency (*Credit Bureau*).
3. An administrative charge (*handling charge*) of \$5.00 will be added to *each* follow-up billing necessitated by your failure to pay on time.
4. Any fees incurred by utilizing a debt collection company will be billed you at the time the debt is referred to the debt collection company.
5. An administrative penalty of six percent per year will be assessed for failure to pay any portion of the debt that is more than 90 days past due.

(P.L. 97-365, 31 U.S.C. 951-953)

## Illustration 10

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Idaho State Office

### INFORMATION ON TAKING APPEALS AND STAYS TO THE BOARD OF LAND APPEALS

#### *DO NOT APPEAL UNLESS*

1. This decision is adverse to you,  
AND
2. You believe it is incorrect.

*IF YOU APPEAL, THE PROCEDURES DESCRIBED BELOW MUST BE FOLLOWED OR YOUR APPEAL WILL BE SUBJECT TO DISMISSAL (SEE 43CFR 4.402). BE CERTAIN THAT ALL COMMUNICATIONS ARE IDENTIFIED BY THE SERIAL NUMBER OF THE CASE BEING APPEALED.*

1. When to File . . .  
An Appeal (Notice of Appeal)  
and  
Request to Stay the Decision (Petition for Stay)  
Your appeal of a BLM decision **must** be filed within 30 days of receipt of the decision. Your appeal **may** be accompanied by a statement describing the reasons for an appeal at this time. You also have the right to file a petition for stay (suspensions) of the decisions. Your petition for stay must accompany your notice of appeal. (See standards for obtaining a stay under item 8).
2. Where to File . . .  
An Appeal and Stay  
Your appeal must be filed with the office that issued the decision (see decision letter for address). The appeal can be mailed or delivered in person during normal working hours.
3. Where to send copies of the Appeal and Stay
  - a. Interior Board of Land Appeals  
Office the Secretary  
Board of Land Appeals  
4015 Wilson Boulevard  
Arlington, VA 22203
  - b. Office of the Solicitor  
Office of the Solicitor  
Federal Building  
550 W Fort Street, MSC 020  
Boise, ID 83724
  - c. Parties Named in the Decision  
Copies of your appeal must be filed with each adverse party named in the decision.
4. When to send copies of Appeal and Stay  
Copies of the appeal and petition for stay must be sent within 15 days to the offices/individuals listed under item 3 if not sent at the same time the appeal is filed with the office issuing the decision.

NOTE: A document is not filed until it is actually received in the proper office (43 CFR 4.401(a)).

ID 1842-1 (July 1997)

Attachment 2, page 16

5. When and Where to File Reasons for Appeal  
(Statement of Reasons)

Within 30 days after filing the Notice of Appeal, file a complete statement of the reasons explaining why you are appealing. This must be filed with the Interior Board of Land Appeals at the address shown in item 3(a). If you fully stated your reasons for appeal when filing the Notice of Appeal, no additional statement is necessary.

6. When and Where to send copies of the Statement of Reasons (SOR)

Within 15 days after filing the SOR documents with IBLA, the parties described in item 3 (b) and (c) must be served copies of the Statement of Reasons.

7. When and Where To send Proof of Service that the Office of the Solicitor and parties named in the Decision have been notified

Within 15 days after you send copies of the appeal and statement of reasons, you must file proof with the Interior Board of Land Appeals that the copies of both the appeal and Statement of Reasons have been served. Proof may consist of a Certified or Register Mail "Return Receipt Card" signed by receiving party (43 CFR 4.401(c)(2)).

8. Standards for Obtaining a Stay

A petition for a stay of a decision' pending appeal must demonstrate sufficient justification based on the following standards.

(1) The relative harm to the party(ies) if the stay is granted or denied,

(2) The likelihood of the appellant's success on the merits,

(3) The likelihood of immediate and irreparable harm if the stay is not granted, and

(4) Whether the public interest favors granting the stay.

NOTE: Except as provided by law or other pertinent regulation, a BLM decision on appeal to an Appeals Board will become effective on the day after the expiration of the appeal period (30 days after receipt of the decision) where no petition for a stay is filed, or 45 days after the expiration of the appeal period where a timely petition for a stay is filed, unless the Appeals Board grants the stay (43 CFR 4.21 (a) (2)).

**Illustration 11  
Promissory Note**

Form ID-1372-1  
(August 1992)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

PROMISSORY NOTE

Case Number: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

For value received \_\_\_\_\_ and any co-makers, jointly and severally promise to pay the sum \_\_\_\_\_ dollars, \$\_\_\_\_\_.

Payment is to be made in accordance with the terms stated below, to the United States Department of the Interior, Bureau of Land Management, at \_\_\_\_\_.

**TERMS OF PAYMENT:**

\_\_\_ Single payment in the full amount on or before \_\_\_\_\_.

\_\_\_ Installment payments of \_\_\_ equal installments in the amount of \$\_\_\_\_\_, commencing on or before \_\_\_\_\_ and due and payable \_\_\_\_\_ thereafter with a final installment of \$\_\_\_\_\_ on or before \_\_\_\_\_.

This note is offered for the express purpose of satisfying the following obligation owed to the United States Government:

1. In the event of the failure of the undersigned to comply with any of the terms of payment set forth above, the whole amount of this note then unpaid shall at the option of the Bureau become due and payable. Default will be deemed to have occurred whenever the amount which becomes due and payable remains unpaid for a period of ten days. If default occurs, interest, penalties, and administrative costs will be assessed and collected in accordance with the provisions of 31 U.S.C. 3717 and applicable regulations and procedures in effect at the time of default.

2. The maker and any co-maker hereby waive any notice of appeal rights regarding the existence and amount of this debt, and guarantee payment of the note in full to the Bureau, notwithstanding any extensions of time that may be granted or allowed to the maker either expressly or by not exercising the option under paragraph 1 in paying any one or more of such installments.

3. Acceptance of this note by the Bureau of Land Management will not constitute a release, satisfaction, or discharge of the obligation, until the note has been paid in full.

I have read and understand the terms of this promissory note and by my signature, acknowledge that I am agreeing voluntarily to the terms.

WITNESS SIGNED:  
(BLM Authorized Officer)

MAKER  
SIGNED:

Address:

Address:

WITNESS SIGNED:

CO-MAKER  
SIGNED:

Address:

Address:

**Illustration 12**  
**Sample Field Solicitor's Cover Letter**

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

*Your Office Name*  
*Your Office Address*  
*Your Office City, State, & Zip Code*

In Reply Refer to:  
9230

*Date*

*TO: Your State Field Solicitor*  
*thru State Director (xxx)*  
*FROM: Field Office Manager, Your Field Office*  
  
*SUBJECT: Proposed Fire Trespass Action*

Listed below are known human-caused fires that have occurred within the jurisdiction of the *your Field Office name* during the past *whatever timeframe*. We have determined, after thorough investigation, that the named individual(s)/corporation(s) are responsible for the ignition of the listed fires. However, no criminal action/intent was found.

<u>Fire Number</u>	<u>Fire Name</u>	<u>Date of Fire</u>	<u>Size of Fire</u>	<u>Individual Responsible</u>
<i>Annn</i>	<i>GoodName</i>	<i>10/01/99</i>	<i>10,000Ac</i>	<i>Joe Trashburner</i>
<i>Annn</i>	<i>GoodName2</i>	<i>10/31/99</i>	<i>5,000 Ac</i>	<i>John Firebug</i>

Absent your objection within 30 days of the above date, trespass action will be initiated. A complete fire summary is attached for each fire listed. If you have any questions concerning this matter, please contact *FMO/Trespass Coordinator at their phone number*.

*Field Manager Signature*

Attachment(s)  
*Annn GoodName*  
*Annn GoodName2*

**Illustration 13**  
**Fire Solicitor Case Synopsis**

**Fire Number** \_\_\_\_\_

**Fire Name** \_\_\_\_\_

**Date Started** \_\_\_\_\_

**Incident Commander** \_\_\_\_\_

**Cause Determination/Investigation** \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_

**Suppression Costs** \$ \_\_\_\_\_

**Rehabilitation Costs** \$ \_\_\_\_\_

**Damages** \$ \_\_\_\_\_

**Responsible Party Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigation Narrative** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Fire Report Summary** \_\_\_\_\_

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**Prepared by** \_\_\_\_\_

**Date** \_\_\_\_\_