

Victory garden mileage request.

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BE SURE TO
SIGN THIS APPLICATION
ATTACH YOUR MILEAGE RATIONING RECORD

VICTORY GARDEN MILEAGE REQUEST

A special ration may be granted to furnish transportation to cultivate a victory garden (production of vegetables) if the area of said garden is 1500 square feet or more; if it will be cultivated at least twice weekly; if it is located not more than 15 miles from the residence of the applicant; and if a full ride sharing arrangement (four or more persons including applicant) has been made.

The maximum ration allowed is 300 miles for a six months period.

Name of applicant MRS. MARTHA WEBER

Address MANITOWOC, Wis
Street or R.F.D. No. Post Office

Size of Victory Garden 1 ACRE Round trips per week 3
Square feet or acres

Location of garden MANITOWOC RAPIDS

Miles to garden from residence 3 miles

Number of days per week garden will be worked 3 days

Average number of hours per person, per week, garden will be worked 24

Total mileage needed for six months 432

Names of Ride Sharers:

MARTHA WEBER

ROSE SALTA

JOE WALHOWSKI SR.

RICHARD WEBER

If a boni-fide ride sharing arrangement cannot be made give reasons why.

Address Street or R.F.D. No. Post Office

Size of Victory Garden Round trips per week

Miles to garden from residence

Signed Applicant

Number of days per week garden will be worked

Average number of hours per person, per week, garden will be worked

This Form May Be Reproduced Without Change

UNITED STATES OF AMERICA
OFFICE OF PRICE ADMINISTRATION

APPLICATION FOR SPECIAL MILEAGE RATION

To be used only for the purposes specifically stated in the Orders and Regulations of the Office of Price Administration and when the currently valid ration is insufficient to accomplish these specific purposes.

1. Application is hereby made for a special mileage ration for:

- a The motor vehicle described below. (If ration is intended for cars operated under dealer or other interchangeable plates, list only license plate numbers and State.)

LICENSE NUMBER	STATE OF REGISTRATION	YEAR MODEL	MAKE

(IF ADDITIONAL SPACE IS NEEDED USE REVERSE SIDE OF THIS FORM)

- b The non-highway equipment or use described below. (If a boat, give name and registration number.)

TYPE OF EQUIPMENT OR USE	MAKE	YEAR MODEL

(IF ADDITIONAL SPACE IS NEEDED USE REVERSE SIDE OF THIS FORM.)

2.

Why is this ration needed?

3.

Amount of gasoline needed:

GALLONS

Distance to be driven (motor vehicles only):

MILES

4.

This ration is to be used on , 194 , or from , 194 , to , 194

5.

Describe below all other gasoline rations now held

COUPON BOOKS

CLASS	SERIAL NUMBER	NUMBER OF COUPONS REMAINING

OTHER TYPES
(RATION BANK ACCOUNT, PERMITS, ETC.)

TYPE	NUMBER OF GALLONS REMAINING	EXPIRATION DATE

Any person who makes any false statement or false representation in this application is liable to criminal prosecution under the laws of the United States.

I CERTIFY that the statements made herein are true and complete, that no application for a special ration for the above specific purpose has been made to any other Board, and that any mileage ration issued on the basis of this application will be used only for the purposes described above.

SIGN
HERE

DATE