

LANDOWNER REQUEST FOR ASSISTANCE

Name: _____

Landowner's Mailing Address: _____
_____ Zip: _____

Physical Address of area to be treated: _____

Phone : _____ e-mail : _____

Legal Description : T _____ R _____ Section(s) _____

Latitude : _____ Longitude : _____

Geographic Description: (subdivision) _____

Property Owned: Yes _____ No _____
Proof of Insurance: Yes _____ No _____

Total Acres Owned: _____

Total Acres to be Treated: _____

Interested in: Thinning _____ Defensible Space _____

Forest Type:

Piñon/Juniper _____
Ponderosa Pine _____
Mixed Conifer _____

Prior Activity (Please describe any forestry, erosion control, or wildlife enhancements performed in the last five years): _____

I understand that the defensible space and fuel reduction work will need to be maintained and agree to complete the maintenance work as long as I own this land.

Signature: _____ Date: _____

OFFICE USE: Approved _____ For _____

Rejected _____ Reason _____

Priority _____ Contractor _____