

FEE:

**FOREST AGRICULTURE MANAGEMENT SUMMARY
& INSPECTION REQUEST
FOR TAX YEAR 2020**



\$«FEE»

Legal Title As Recorded On Property Deed: «Legal_Title»		Date:
A. GENERAL INFORMATION		
Landowner Name: «FIRST_NAME» «LAST_NAME»		
Assessor's Parcel Identification #'s: «Parcel_ID»	Legal Description of Forest Land: «Legal_Description»	
Mailing Address: «Mailing_Address» «County», «State» «ZIP»		
Physical Address and County Where Forest Land Is Located: «Physical_Address»		
Primary Phone No.: «Telephone»	Alternate 1 Phone No.: «Cell»	Alternate 2 Phone No.: «Alternate_Phone»
Email Address: «Email»	Date of Forest Management Plan: «Management_Plan_Year»	Name and Contact of Assisting Forester:
Is all pre-filled information correct: (Yes / No). If no, please print changes here or attach to this form:		
B. 2019 ACCOMPLISHMENTS RECORD (MANAGEMENT THAT HAS BEEN COMPLETED IN 2019 FOR TAX YEAR 2020)		
Management Unit:	Quantity and type of Forest Product:	Cost:
Acres Treated:	Completion Date:	Revenue:
Activity:		
Management Unit:	Quantity/Forest Product:	Cost:
Acres Treated:	Completion Date:	Revenue:
Activity:		

C. 2020 WORK PLAN (MANAGEMENT TO BE COMPLETED IN 2020 FOR TAX YEAR 2021)

Management Unit:	Acres to be Treated:	Estimated Revenue & Cost:
Activity Period:	Quantity/Forest Product:	Objectives/Remarks:

Activity:

Management Unit:	Acres Treated:	Estimated Revenue & Cost:
Activity Period:	Quantity/Forest Product:	Objectives/Remarks:

Activity:

Management Unit:	Acres Treated:	Estimated Revenue & Cost:
Activity Period:	Quantity/Forest Product:	Objectives/Remarks:

Activity:

Management Unit:	Acres Treated:	Estimated Revenue & Cost:
Activity Period:	Quantity/Forest Product:	Objectives/Remarks:

Activity:

D. AGREEMENT AND SIGNATURE

I, _____, the owner of the above described forest property, request that the Colorado State Forest Service review my forest management plan and annual work plan for compliance with CSFS' management plan standards and the intent of 39-1-102 (1.6) (a) (II), and I further request that the Colorado State Forest Service inspect the forest management practices applied on my property at a time that is mutually agreeable for the purpose of receiving FOREST AGRICULTURE classification for the 2020 tax year.

I agree to pay a non-refundable review/inspection fee, required by 39-1-102 (4.4.) CRS, 1990, and to calculate that fee based on \$100.00 + \$1.50 per forest acre, with the total not to exceed \$500.00, which equals the amount of \$«Fee».

Landowner Signature _____	Date _____
CSFS Signature _____	Date _____

CONTINUATION PAGE

Year _____ Name _____ Page # _____

_____ Accomplishment Report OR _____ Annual Work Plan

Management Unit:	Quantity and type of Forest Product:	Cost:
Acres Treated:	Completion Date:	Revenue:

Activity:

Management Unit:	Quantity/Forest Product:	Cost:
Acres Treated:	Completion Date:	Revenue:

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