

FEE:

**FOREST AGRICULTURE MANAGEMENT SUMMARY
& INSPECTION REQUEST
FOR TAX YEAR 2022**



\$\$\$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:		Legal Description of Forest Land:	
«Parcel_ID»		«Legal_Description»	
Mailing Address: «Mailing_Address» «City», «State» «ZIP»			
Physical Address and County Where Forest Land Is Located: «Physical_Address» «County»			
Primary Phone No.:	Alternate 1 Phone No.:	Alternate 2 Phone No.:	
«Telephone»	«Cell»	«Alternate_Phone»	
Email Address:	Date of Forest Management Plan:	Name and Contact of Assisting Forester:	
«Email»	«Management_Plan_Year»		
Is all pre-filled information correct? (Yes / No). If no, print changes here or attach to this form:			
Preferred dates for inspection:			
Would you like to receive the Forest Ag Newsletter (biannually)? (Yes / No). If yes, provide email above.			
B. 2021 ACCOMPLISHMENTS RECORD (MANAGEMENT THAT HAS BEEN COMPLETED IN 2021 FOR TAX YEAR 2022)			
Management Unit:	Quantity and type of Forest Product:		Cost:
Acres Treated:	Completion Date:	Hours:	Revenue:
Activity:			
Management Unit:	Quantity/Forest Product:		Cost:
Acres Treated:	Completion Date:	Hours:	Revenue:
Activity:			

C. 2022 WORK PLAN (MANAGEMENT TO BE COMPLETED IN 2022 FOR TAX YEAR 2023)

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 2022 tax year.

I agree to pay a non-refundable review/inspection fee, required by 39-1-102 (4.4.) CRS, 1990. The inspection fee was developed using the current CSFS hourly rate for services and estimated CSFS inspection efforts and time based on acres enrolled in the Program, 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:	Hours:	Revenue:

Activity:

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

Activity:

Management Unit:	Quantity/Forest Product:		Cost:
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