

**FEE:**

# FOREST AGRICULTURE MANAGEMENT SUMMARY & INSPECTION REQUEST FOR TAX YEAR 2024



Legal Title As Recorded On Property Deed:			Date:	
<b>A. GENERAL INFORMATION</b>				
Landowner Name:				
Assessor's Parcel Identification #'s:		Legal Description of Forest Land:		
Mailing Address:				
Physical Address and County Where Forest Land Is Located:				
Forested Acres:	Primary Phone No.:		Alternate Phone No.:	
Email Address:	Date of Forest Management Plan:		Name of your CSFS forester or Consulting Forester:	
Is all pre-filled information correct? ( Yes / No ). If no, print changes here or attach to this form:				
<b>Preferred dates for inspection:</b>				
<b>B. 2023 ACCOMPLISHMENTS RECORD (MANAGEMENT THAT HAS BEEN COMPLETED IN 2023 FOR TAX YEAR 2024)</b>				
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. 2024 WORK PLAN (MANAGEMENT TO BE COMPLETED IN 2024 FOR TAX YEAR 2025)		
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:		
Management Unit:	Acres Treated:	Estimated Revenue & Cost:
Activity Period:	Quantity/Forest Product:	Objectives/Remarks:
Activity:		

D. AGREEMENT AND SIGNATURE	
<p>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 2024 tax year.</p> <p>I agree to pay a non-refundable enrollment fee, required by 39-1-102 (4.4.) CRS, 1990. The enrollment fee was developed using the current CSFS hourly rate for services and estimated CSFS efforts and time based on acres enrolled in the Program, which equals the amount of \$ _____.</p>	
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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