

FOREST AGRICULTURE MANAGEMENT SUMMARY & INSPECTION REQUEST FOR TAX YEAR 2025



FEE:
\$

Legal Title As Recorded On Property Deed:			Date:
A. GENERAL INFORMATION			
Landowner Name:			
Assessor's Parcel Identification #'s:		Legal Description of Forest Land:	
Mailing Address:			
Physical Address and County Where Forest Land Is Located:			
Primary Phone No.:	Alternate 1 Phone No.:	Assisting Forester:	
Email Address:	Date of Forest Management Plan:	Access Info/Gate Combo:	
Is all pre-filled information correct? If no, please print changes here:			
Preferred dates for inspection:		2nd Choice:	
B. 2024 ACCOMPLISHMENTS RECORD - (MANAGEMENT THAT HAS BEEN COMPLETED IN 2024 FOR TAX YEAR 2025)			
Management Unit:	Quantity and type of Forest Product:		Cost:
Acres Treated:	Completion Date:	Hours:	Revenue:
Activity:			
Management Unit:	Quantity and type of Forest Product:		Cost:
Acres Treated:	Completion Date:	Hours:	Revenue:
Activity:			
Management Unit:	Quantity and type of Forest Product:		Cost:
Acres Treated:	Completion Date:	Hours:	Revenue:
Activity:			

C. 2025 WORK PLAN - (MANAGEMENT TO BE COMPLETED IN 2025 FOR TAX YEAR 2026)

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

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

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

Management Unit:	Acres Treated:	Estimated Revenue & Cost:
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Activity Period:	Quantity/Forest Product:	Objectives/Remarks:
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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 2025 tax year.

I agree to pay a non-refundable enrollment fee, required by 39-1-102 (4.4.) CRS, 1990. The enrollment fee is based on the current CSFS hourly rate for services and estimated CSFS efforts and time based on forested acres enrolled in the Program («Forested_Acres_» acres), which equals the amount of \$«Fee_».

Forested Acres	Enrollment Fee
40 to 59 acres	\$ 279.00
60 to 79 acres	\$ 325.50
80 to 99 acres	\$ 372.00
100 to 119 acres	\$ 418.50
120 to 139 acres	\$ 465.00
140 to 159 acres	\$ 511.50
160 to 179 acres	\$ 558.00
180 to 199 acres	\$ 604.50
200 to 219 acres	\$ 651.00
220 to 239 acres	\$ 697.50
240+ acres	\$ 744.00

Landowner 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:

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Acres Treated:	Completion Date:	Hours:
		Revenue:

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Activity:

