Form WD-1
April 1996

Office Use _____

WOODLAND DATA FORM

SUBMIT WITH APPLICATION FOR FARMLAND ASSESSMENT
SEE REVERSE SIDE FOR FILING INFORMATION

TYPE OR PRINT

MUNICIPALITY _____ COUNTY _____

File in each municipality where woodland is situated.

SECTION I–IDENTIFICATION INFORMATION

Owner's: Name _____ Phone ( ) _____

Mailing Address _____

Location of land (nearest road, etc.) _____

Block(s) and Lot(s) _____

Forestry Number _____

(Contact your forester if unknown. If new property, D.E.P. will assign.)

If portions of the same tract are in more than one municipality, name the municipalities and give acreage in each. _____

How are boundary lines of woodland property established, i.e., fence, paint, blazes, etc.? _____

SECTION II–WOODLAND MANAGEMENT INFORMATION

Woodland Management Plan prepared by _____

Date plan prepared _____ Amount of acres in plan _____

Plan developed for year(s) _____ to _____

Date of last revision to plan previously submitted _____

Status of Woodland Management Plan (Check appropriate statement):

( ) New plan for the land is being filed with this form.

( ) Revisions to plan are being filed with this form.

( ) Plan previously filed continues to be followed.

NOTE–A PLAN MUST BE SUBMITTED THE FIRST TIME THIS FORM IS FILED

SECTION III–FOREST MANAGEMENT PRACTICES COMPLETED DURING PAST YEAR*

PRACTICE	ACRES	Products Harvested (cords, board feet, etc.)	Income received/ anticipated from sale of forest products or cost share payments	PRACTICE	ACRES	Comments
				Reforestation		
Timber Stand Improvement (TSI)				Regeneration (Natural)		
Commercial Harvest				Weed Control Treatment		
Firewood/Pulpwood				Insect Control Treatment		
Sawtimber/Veneer				Prescribed Burning		
Other Products				Site Preparation		

Comments or description of other activities _____

*PLEASE BE CERTAIN TO SUBMIT A SCALED MAP SHOWING WOODLAND ACTIVITY

SECTION IV–CERTIFICATION STATEMENTS (Owner and forester must sign)

I certify that the above property is actively devoted to an agricultural use and I am following the approved woodland management plan and program as evidenced by the forest management practices completed this year.

_____
Signature (owner) Date

I certify that I have reviewed this woodland data form and the landowner is in compliance with the provisions of the filed woodland management plan. I hereby attest that the forest management practices as cited on this form have been completed.

Approved
Forester's Name (print) _____

_____
Signature (forester) Date

FILE THIS FORM AND THE INFORMATION NOTED UNDER N.J.A.C. 18:15-2.7 WITH:

LOCAL TAX ASSESSOR
AND
DIVISION OF PARKS AND FORESTRY
BUREAU OF FOREST MANAGEMENT, CN 404
TRENTON, NEW JERSEY 08625

TAXPAYER TO RETAIN 3rd COPY