## **REQUEST FOR FORESTRY ASSISTANCE**

The following is **<u>REQUIRED INFORMATION</u>** to help us prepare for a visit to you property and to fulfill your request for assistance. Incomplete forms will be returned.

Please print:			
Name:			
Street Address:			
City/State/Zip Code:			
Home Phone:	Phone: Work Phone:		
Property Location: QTRSE	CTWP	COUNTY	
To Be Total Acres: Forested	Forested	Grasslands	
FORESTRY GOALS: My interest in forestry ass	istance concerns (check all that	apply):	
Forest Stewardship Program	Wildlife Habi	tat	7
IL Forestry Development Act	Fencing (to ex	xclude livestock)	7
Woodland Inspection	Insect and/or	Disease Problem	1
Woodland Inventory	Watershed Im	provement	7
Thinning/Pruning	Aesthetics		7
Timber Harvest	Other		7
Tree Planting			
COMPLETE THE FOLLOWING: Have you or a previous owner of your property re	ceived forestry assistance from	a professional Forester?	_ If yes, when and/or who received that assistance?
Does your property have a Conservation Plan pre	pared by the Natural Resource C	Conservation Service (NRCS)?	
Does your property have a Wildlife Management	Plan prepared by the Illinois De	partment of Natural Resources	s?
Do you plan to retain ownership of this parcel for	10 years?		
Do you have access to farm type equipment?			
Do you live on the property?			
WE MUST HAVE A BRIEF DESCR	IPTION OF YOUR PLA	ANS FOR THE PROPE	ERTY ON THE BACK OF THIS FORM.

To this form, attach an 8  $\frac{1}{2}$  x 11" plat of survey copy and an aerial photo with you property boarders outlined. This form must be completed and returned to your local <u>District Forester</u> to constitute a formal request for assistance and scheduled response.