



**NOTIFICATION PRIOR TO CUTTING, HARVESTING, OR
 REMOVAL OF FOREST PRODUCTS FROM CF LAND**

Required by authority of Sections 51110 and 51111 of 1994 PA 451, as amended.

FOR DNR USE ONLY			
Rec'd Date	DNR Office	Case No.	Notification No.

NOTE: This notification must be typed or printed, signed, and submitted at least _____ calendar days before cutting to the DNR forester named in Section 9 located on the reverse side of this notification. If you have any questions please phone the DNR forester at the number listed in Section 9 on reverse side of this notification.

1. Primary Owner (Where official correspondence should be sent.)	
Name	Work Telephone Number
Address	Home Telephone Number
City, State, ZIP	

2. Statement of Intent		
I/we intend to cut, harvest or remove forest products from the CF lands described below starting on or about _____, and ending on or about _____.		
County	Township	CF Case Number(s)
Town	Range	Section
Legal Description(s)		

3. Map of Cutting Area			
North ↑ (T _____) (R _____) (Section _____)			
(Draw in cutting boundary and cross hatch cutting area.)			
Scale 1 inch = 1/4 mile / 20 chains / 1320 feet			

4. Practices (Check one or more.)		
Yes	Harvest Cutting Practice	Acres
	Clear-Cut	
	Selection	
	Diameter Limit	
	Shelterwood	
	Seed Tree	
	Other (Describe)	
Yes	Improvement Cutting Practice	Acres
	Thinning and Release	
	Cull Tree Removal	
	Cleaning	
	Other (Describe)	
Yes	Regeneration Practice	Acres
	Natural	
	Planting	
	Scarification / Direct Seeding	
	Other (Describe)	

5. Cutting Contractor Information
Cutting Contract No.
Name
Address
City, State, ZIP
Telephone Number ()

6. Compliance with Forest Management Plan

I/we hereby certify this cutting, harvesting, or removal of forest products complies with the written Forest Management Plan now in effect for the described CF lands that is required by the CF law and rules.

This Forest Management Plan was prepared and signed by:

Name	Title	Michigan Registered Forester Number (if applicable):
Address	Date Signed by Plan Writer	
City, State, ZIP	Telephone Number ()	

7. Owner Comments

8. Attest to Cutting Notification

I/we hereby certify that to the best of my/our knowledge and belief, the foregoing statements are true and correct and I/we intend to cut, harvest, or remove forest products from the described CF lands.

Signed on this _____ day of _____, _____, at _____, _____.

(Day) (Month) (Year) (City) (State)

Owner Signature	Date
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9. Submittal Information

Please mail this completed cutting, harvesting or removal notification to:

ATTN: _____, DNR FORESTER
COMMERCIAL FOREST CUTTING NOTIFICATIONS
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
FOREST RESOURCES DIVISION

PHONE: () _____

DNR USE ONLY