QUALIFIED FOREST PROGRAM

Forest Practice Report

OWNER(S) / CONTACT FOR QUALIFIED FOREST PROGRAM (QFP)		
Name of Owner(s):		
Tax Parcel IDs Affected by Harvest(s):		
Mailing address:		
City:	State:	ZIP Code:
Email:	Phone:	
REPORTING YEAR:	County(ies):	
	Township(s):	

Stand ID #	Timber Type	Forest Practice	Acres

*Totals for harvest(s) conducted during reporting year:	Thousand Board Feet (MBF)	Standard Cord (4'x4'x8')	Tons	Value

CERTIFICATION	
Signature:	Date:

Only submit a report for the year(s) that an activity has taken place.

Submit this report by December 31 of the year in which the forest practice was completed.

*Only complete these fields if the forest practice included a commercial timber harvest.

Michigan Department of AGRICULTURE & Rural Development