

Qualified Forest Program Forest Management Practice Schedule

65087 / 0421

As required by MCL 211.7jj[1], as amended

Qualified Forest Program (QFP) Application Information													
Name of Owner*:												natch na pplicatio	
				F	uthorit	У							
County:													
Township:						e):							
Forest Management Plan (FMP) Information													
Forester Na	ıme:												
Mailing Add	ress:												
City:	State: Zip:						p:						
E-mail :						Phone:							
Year FMP [Develop	ed:		Year FI	MP Expires: Number of Stands						FMP:		
		Practice Schedule											
Stand ID#	Stand Type Sta			d Acres Year									
	1		1										
	1												
To list additional stand treatments, continue this list on additional pages.													
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Qualified Forest Program Forest Management Practice Schedule (Continued)

65087 / 0421

As required by MCL 211.7jj[1], as amended

Qualified Forest Program (QFP) Application Information																
Name of Owner*:											*		match pplicat			
Property Tax Authority																
County:																
Township:	Municipality (if applicable):															
	Practice Schedule															
Stand ID #	Stand	І Туре	Stand Acres	Year		Practice/Harvest/						reatment				
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To list additional stand treatments, continue this list on additional pages.																