

Qualified Forest Program

Request for Removal of Property (Rescission)

Owner Information for Qualified Forest Program Rescission						
Name of	Owner(s):					
Mailing address:						
City:	·					
State:				ZIP Code:		
Phone:						
Email:						
Property Information for Qualified Forest Program Rescission						
County:						
Townshi	p:					
Municipality (if applicable):						
eligible for rescission:						
Tax Parcel ID Number			Acres	If you have questions about the payback penalties associated with removing land from the Qualified Forest Program (QFP), please contact the QFP office or visit our website. Phone: (517) 284-5630 E-mail: MDARD-QFP@michigan.gov www.michigan.gov/qfp		
	To list additio	nal parcels, pleas	e continue your lis	st on additional resci	ssion forms	3.
Landowner Signature(s):					Date:	

Please submit your completed form electronically to: MDARD-QFP@michigan.gov

or by mail to: MDARD-ESD

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PO Box 30017 Lansing, MI 48909