

Qualified Forest Program - Payment Voucher

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

Do not use this for any payments other than those listed.

Responsible Agent

County Name	<input type="text"/>
Township Name	<input type="text"/>
Official Title	<input type="text"/>
Treasurer Name	<input type="text"/>
Mailing Address	<input type="text"/>
Mailing City St Zip	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

Annual Qualified Forest Program Participation

Payment Applied to Tax Year

Qualified Forest 2 mills , .

Treasurer Signature and Date _____

Make checks payable to: State of Michigan

**Mail Voucher, Spreadsheet
and Check to:** Michigan Department of Agriculture and Rural Development
PO Box 30776
Lansing MI 48909

**If you have any questions, please contact the QFP staff at (517) 284-5630
or MDARD-QFP@Michigan.gov**