

Qualified Forest Program Application As required by MCL 211.7jj[1], as amended

Contact Information for Qualified Forest Program (QFP) Application							
Contact Name							
Mailing Address							
City			State			Zip	
Email			I	Phon	е	1	
Owner(s) Listed on Deed or Land Contract							
Name of Individuals			, Trust, LLC, etc.			Last 4 digits of SSN	
Location of Parcel(s)							
County: Township:							
County	/ ·			TOWNSHIP.			
Tax Parcel ID Numbe			Acres		cres		
Send application materials and payment to: MDARD-QFP							
	PO Box 30776						
Lansing, MI 48909							