

QUALIFIED FOREST PROGRAM (QFP)

Forest Practice Report

OWNER(S) ON PARCEL(S) ENROLLED IN 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

Landowner/Representative Signature

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.

Return via email at MDARD-QFP@michigan.gov or by mail to: MDARD-QFP, PO Box 30017, Lansing, MI 48909

