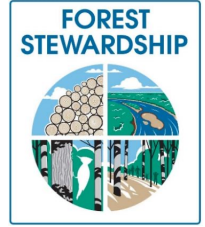




APPLICATION

Georgia's Forest Stewardship Program



LANDOWNER INFORMATION

Last Name: _____ First Name: _____

Other Owner's Names (if applicable): _____

Farm Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

TRACT INFORMATION

Primary County: _____ Additional Counties: _____

Tract Location (attach maps showing boundary if available): _____

Total Acres: _____ Estimated Forested Acres: _____

Has this property been enrolled in the Forest Stewardship Program before? Yes No

If yes, when was the previous plan written and what was the primary objective? _____

Please rank the following objectives you want to consider in your Forest Stewardship Plan using 1 for the most important and 5 for the least important (use each number only once) or mark Near Equal Emphasis on All.

Timber	
Wildlife*	
Recreation	
Aesthetics	
Soil & Water Conservation	
Near-Equal Emphasis on All	<input type="checkbox"/>

*If Wildlife is a primary or secondary objective for you, please indicate if you plan to manage for game or non-game species and identify any particular species of interest.

GAME NON-GAME Focus Species: _____

Please provide any additional comments you have regarding your management objectives:
