CURRENT USE PROGRAM
MONTPELIER, VERMONT 05633-1401

FOR DEPARTMENT USE ONLY

FOREST MANAGEMENT ACTIVITY REPORT
Use Value Appraisal Program

BOTH COPIES OF THIS FORM MUST BE FILED WITH THE COUNTY FORESTER BY FEBRUARY 1st OF THE YEAR FOLLOWING ANY MANAGEMENT ACTIVITY.

SECTION 1 ALL FIELDS REQUIRED FOR PROCESSING

Name of Landowner	Name of Landowner	Name of Landowner
Landowner Mailing Address	Landowner Mailing Address	Landowner Mailing Address
City State Zip Code	City State Zip Code	City State Zip Code
SSN / Federal ID*	SSN / Federal ID*	SSN / Federal ID*

* The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), and will be used by the Department of Taxes in the administration of Vermont tax laws to identify individuals affected by such laws. It is also required by 32 V.S.A. §§ 3755(b)(2) and 3755(b)(3) for property to remain eligible for use value appraisal.

SECTION 2 **I/WE HAVE COMPLETED THE FOLLOWING ACTIVITIES IN CONFORMANCE WITH THE FOREST MANAGEMENT PLAN FOR THIS PARCEL. DESCRIBE ACTIVITIES BELOW.**

Activities Completed Since Last Report:	Activity Year / # of Acres in Plan:
	SPAN number of parcel:
	Parcel Located in Town of:

Harvest Activity Since Last Report: (Please provide the following to help determine if the Use Value Appraisal Program is enhancing Vermont's forest productivity)

Stand #	Board Foot Volume Harvested	Cordwood Volume Harvested	Major Species Harvested

For continued eligibility, a management activity report must be filed with the Department of Forest and Parks by February 1st of the year following any management activity.

SECTION 3 **THIS REPORT MUST BE PRINTED AND MAILED TO THE COUNTY FORESTER WITH AN ORIGINAL SIGNATURE OF ALL LAND OWNERS ON BOTH COPIES.**
If signature is other than owner(s), attach copy of recorded power of attorney or other recorded authorization.

I/We, the signed landowners, certify that the management practices on this parcel have been consistent with the objectives, standards and activities prescribed by the forest management plan for the parcel described above. The management plan for this parcel is applicable for a period of at least 10 years, including the 12 month period beginning next April 1, as (check one of the following):

☐ Previously Filed — Owner Signature: _____ Date: _____

☐ Revised and Amended on the Attached Addendum — Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

SECTION 4 TO BE COMPLETED BY THE DEPARTMENT OF FORESTS, PARKS AND RECREATION

Received by : _____ _____
Department of Forests, Parks and Recreation Date

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