

VIRGINIA DEPARTMENT OF FORESTRY FOREST MANAGEMENT PLAN

CHECK ONE: EQIP CRP CREP DATE SUBMITTED: _____

OWNERSHIP AND IDENTIFYING INFORMATION

TRACT NUMBER:	PARCEL:
LOCATION OF PARCEL:	SIZE OF PARCEL:

LANDOWNER NAME: _____ PHONE NUMBER(S): _____

LANDOWNER ADDRESS: _____

PRESCRIBING FORESTER NAME: _____ PHONE NUMBER(S): _____

PRESCRIBING FORESTER ADDRESS: _____

STATEMENT OF LANDOWNER MANAGEMENT OBJECTIVES

DESCRIPTION OF EXISTING CONDITIONS

		SEEDLING STOCKING RELEASE OR TSI			
SPECIES	STOCKING (B.A.)	FREE TO GROW	# TREES/ACRE	NOT FREE TO GROW	# TREES/ACRE

Recent Management Activities (if any): _____

RECOMMENDATIONS

Treatment Prescription(s): _____

Maintenance Requirements: _____

BMPs: _____

NAME (PRINT) _____ SIGNATURE _____ DATE _____