

**WOODLAND DATA FORM**  
**SUBMIT WITH APPLICATION FOR FARMLAND ASSESSMENT**  
**SEE REVERSE SIDE FOR FILING INFORMATION**

**TYPE OR PRINT**

MUNICIPALITY \_\_\_\_\_

COUNTY \_\_\_\_\_

File in each municipality where woodland is situated.

**SECTION I—IDENTIFICATION INFORMATION**

Owners: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location of land (nearest road, etc.) \_\_\_\_\_

Block(s) and Lot(s) \_\_\_\_\_

Forestry Number \_\_\_\_\_

(Contact your forester if unknown. If new property, D.E.P. will assign.)

If portions of the same tract are in more than one municipality, name the municipalities and give acreage in each. \_\_\_\_\_

How are boundary lines of woodland property established, i.e., fence, paint, blazes, etc.? \_\_\_\_\_

**SECTION II—WOODLAND MANAGEMENT INFORMATION**

Woodland Management Plan prepared by \_\_\_\_\_

Date plan prepared \_\_\_\_\_ Amount of acres in plan \_\_\_\_\_

Plan developed for year(s) \_\_\_\_\_ to \_\_\_\_\_

Date of last revision to plan previously submitted \_\_\_\_\_

Status of Woodland Management Plan (Check appropriate statement):

- New plan for the land is being filed with this form.
- Revisions to plan are being filed with this form.
- Plan previously filed continues to be followed.

NOTE-A PLAN MUST BE SUBMITTED THE FIRST TIME THIS FORM IS FILED

**SECTION III-FOREST MANAGEMENT PRACTICES COMPLETED DURING PAST YEAR**

PRACTICE	ACRES	Products Harvested (cords, board feet, etc.)	Income received anticipated from sale of forest products or cost share payments	PRACTICE	ACRES	Comments
Timber Stand Improvement (TSI)	_____			Reforestation	_____	
Commercial Harvest	_____			Regeneration (Natural)	_____	
Firewood/Pulpwood	_____			Weed Control Treatment	_____	
Sawtimber/Veneer	_____			Insect Control Treatment	_____	
Other Products	_____			Prescribed Burning	_____	
				Site Preparation	_____	

Comments or description of other activities \_\_\_\_\_

**\*PLEASE BE CERTAIN TO SUBMIT A SCALED MAP SHOWING WOODLAND ACTIVITY**

**SECTION IV—CERTIFICATION STATEMENTS (Owner and forester must sign)**

I certify that the above property is actively devoted to an agricultural use and I am following the approved woodland management plan and program as evidenced by the forest management practices completed this year.

Signature (owner) \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have reviewed this woodland data form and the landowner is in compliance with the provisions of the filed woodland management plan. I hereby attest that the forest management practices as cited on this form have been completed.

Approved  
Forester's Name (print) \_\_\_\_\_

Signature (forester) \_\_\_\_\_ Date \_\_\_\_\_

**FILE THIS FORM AND THE INFORMATION NOTED UNDER N.J.A.C. 18:15-2.7 WITH:**

**LOCAL TAX ASSESSOR  
AND  
DIVISION OF PARKS AND FORESTRY  
BUREAU OF FOREST MANAGEMENT, PO BOX 404  
TRENTON, NEW JERSEY 08625-0404**