REQUEST FOR WOODLAND MANAGEMENT SERVICE

Date ______________________

Owner ≠ Name ____________________________ Phone ( ) __________________

Address _____________________________________________________________________________

City ______________________________ State ________________ Zip __________

Woodland Location ______________________________________________________________________
(Road name or number, nearest town, etc.)

County __________ Woodland acreage __________ How long owned? ______________________

Tenant ≠ name ____________________________ Phone ( ) __________________

Service desired: (check)
Insect/disease advice ___ Woodland Inspection ___
Tree planting advice ___ Timber Inventory ___
Urban Forestry advice ___ BMP Information ___
Other ________________________________________________________________________________

Type of trees in your woodland:
Pine __________ Hardwoods __________ Mixed ________________

Referred by ____________________________________________________
(FSA, DNREC, Extension, NRCS, Etc.)

Are your forest boundaries plainly marked and identified? ____________
(If not, this must be done before a timber cruise can be made)

When are you available for consultation? _____________________________
(Monday - Friday between 8:00 a.m. - 4:30 p.m.)

Remarks, directions to farm, etc. _____________________________________________
______________________________________________________________________________
______________________________________________________________________________