

EAST MOUNTAIN FOREST HEALTH PROGRAM

Ciudad Soil & Water Conservation District

Landowner Assistance Application

Property lies off of:

North 14 _____ Other _____

South 337 _____

Name(s): _____

Mailing Address: _____ Zip: _____

Property Address (if different): _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Legal Description: _____

Geographic Location/subdivision: _____

Total Acreage of Property: _____

Acres in Need of Thinning: _____

Forest Type: _____ Pinon/Juniper _____ Ponderosa Pine _____ Mixed Conifer

Prior Activity (please describe any forestry, erosion control or wildlife enhancements performed in the last five years):

Note: This program **does not** include removal of existing dead and down fuels on your property. We only remove or treat what we cut.

***In order to qualify for this program, applicants must be able to identify the boundary lines of their property. ***

SIGNATURE _____ **DATE** _____



FOR OFFICE USE ONLY: Approved _____ Disapproved _____

Ciudad SWCD Representative _____ Date _____