



DIVISION of FORESTRY
Cooperative Forest Management

STEWARDSHIP LANDOWNER QUESTIONNAIRE
(Form may be filled in on the computer)



NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Person: _____ Daytime Phone: _____

Location of Land: _____
Street Town County

Total Acreage: _____ Forested Acreage: _____

Boundaries marked on site? Yes No Partially

- 1. How long have you been associated with this property?
2. Have you ever had a management plan written for your forestland?
3. Is the property zoned and/or classified in any of the following categories?
4. Have you used the services of any natural resource professional in managing the land?
5. What are the most significant features of the land you might want to maintain, protect, and enhance?
6. Which three benefits of land ownership from the following list do you most wish to enhance?
7. After your ownership, what do you ultimately plan to have happen to your land?
8. What steps have you taken to ensure your wishes are fulfilled?
9. Please enclose a sketch map or boundary map of your property.

This page may either be downloaded and printed or saved as a file and e-mailed.