

61

COMMONWEALTH OF MASSACHUSETTS

Date Received

TOWN OF CHARLEMONT

FISCAL YEAR 20 12

FOREST LAND CLASSIFICATION GENERAL LAWS CHAPTER 61§1

INSTRUCTIONS: Complete all sections that apply. Please print or type.

_____ CONTACT PERSON _____ TELEPHONE # _____

IDENTIFICATION Complete this section fully.

Name of applicant(s) _____

Mailing address _____

Please attach State Forester's Certificate and Approved Forest Management Plan and list lots below

Property Covered by Application							
List Parcel Information for up to 5 lots to be classified	Map & Lot	Location	Deed Book & Page	Total Acres	Acres to be Classified	Corrections	

SIGNATURE. All owners must sign here to complete the application. This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

I also certify that I have received a copy of the Property Owner's Acknowledgement of Rights and Obligations under the Classified Forest Land Program as part of this application and that I have read and I understand it.

Owner _____ Date _____

_____ *If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (FOR ASSESSORS' USE ONLY)			
<input type="checkbox"/> OWNERSHIP	<input type="checkbox"/> ALL	GRANTED	DATE VOTED/DEEMED
	<input type="checkbox"/> PART		DATE NOTICE SENT
<input type="checkbox"/> MINIMUM ACRES	<input type="checkbox"/> DEEMED		BOARD OF ASSESSORS
<input type="checkbox"/> USE/CONDITION	<input type="checkbox"/> ALL	DENIED	
	<input type="checkbox"/> PART		
	<input type="checkbox"/> DEEMED		
			DATE: