



North Carolina Forest Service

Foresters for Healthy Waters



County: _____

Program Year: _____

Approval No. : _____

Landowner Information	Landowner Name _____		XXX-XX-_____/XX-XXX_____ Last 4 Digits of Social Security Number or Tax ID		
	Address _____		Power of Attorney - Name _____		
	City _____	State _____	Zip _____		
	Phone _____	Email _____			
	Landowner Type:				
	Individual _____	Joint _____	Joint Landowner Name(s): _____		
Corporation _____	_____				
Trust _____	_____				
LLC _____	_____				
Association _____	_____				
Consultant Name/Company _____		Phone _____			

Funding Request	Property/Tract Name _____	Latitude _____	Longitude _____
	Plan Type:	Acres Requested	Plan Rate
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	Total:	_____	_____

Signatures	Signature of Landowner/Company Representative _____	Date _____
	Signature of NCFS Representative _____	Date _____

Performance Report	Plan Date _____	Final Plan Acres _____	Final Payment _____
	Performance Report Approval, NCFS Representative _____	Date _____	