



Agricultural Disaster Recovery Program Woodland Recovery Assistance (ADRP-WRA)



County: _____ Program Year: _____ Approval No. : _____

Landowner Information	_____		XXX-XX-_____/XX-XXX
	Landowner Name		Last 4 Digits of Social Security Number or Tax ID
	Address		Power of Attorney - Name
	_____	_____	_____
	City	State	Zip
	_____	_____	_____
	Phone	Email	
Landowner Type (Select 1):			
Individual		Joint	
Corporation		Joint Landowner Name(s):	
Trust		_____	
LLC		_____	
Association		_____	
_____		_____	
Consultant Name/Company		Phone	

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

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

Performance Report	_____		_____
	Plan Date	Final Plan Acres	Invoice Total
_____		_____	
Performance Report Approval, NCFS Representative		Date	