

CONTACT INFORMATION

For DNR Use Only		
Application Number		

## FORESTRY RIPARIAN EASEMENT PROGRAM APPLICATION

Please complete this form for each forestry riparian easement eligible Forest Practices Application (FPA) after the harvest has been completed or when the harvest FPA has been disapproved by rule.

Landowner/s:			
Mailing address:			
City:	State:	Zip code:	
Home phone:	Cell:		
Email:			_
PROPERTY INFORMATION			
County:	Pa	arcel number:	_
Forest Practices Application nu	mber(s) assoc	iated with this application:	
Check one of the following:			
☐ Harvest has been complete	d; 🗆 Cannot b	pe harvested due to Forest Practices R	ules
		er) your timber harvest was completed*. Test Practices restrictions, enter the date	e your

\*Completed harvest is defined as follows – The trees within the area under an approved forest practices application have been commercially harvested and further entry into that area by any type of logging or slash treating equipment or method is not expected.

DNR reserves the right to verify the Harvest Completion date using available resources.

March 2024 FREP Application

I certify that all of the following applies: I am willing to sell or donate an easement to the State. I am a "qualifying small forest landowner" as defined by RCW 76.13.120(2)(b) and the information I have provided is true to the best of my knowledge. I understand that my participation in Washington State's Forestry Riparian Easement Program is conditioned upon the accuracy of my representations contained in this document and upon my compliance with all rules governing Washington State forest practices and forestry riparian easements.

Landowner name:	; Date:
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## Mail to:

Washington DNR Small Forest Landowner Office 1111 Washington St; MS 47012 Olympia, WA 98504-7012

March 2024 FREP Application