Application • Forest Resource Trust
Loan Program - Stand Establishment Program

For information about this program, visit www.forestresourcetrust.oregon.gov and call a listed contact with questions.

Return completed application to: Forest Resource Trust
Oregon Department of Forestry
2600 State Street
Salem, OR 97310

Please attach a copy of an assessor’s plat map or property tax statement.

Owner Information

1. Name(s) ____________________________
2. Corporation, partnership, trustee, or other organization ____________________________
3. Address (street or P.O. box) ______________________ (city) ____________________ (state) __________ (zip) __________
4. Telephone (home) ____________________ Telephone (office) ____________________
5. E-mail address: ______________________
6. Consultant (if applicable) __________________________ Consultant’s telephone no. __________
7. How did you hear about this program? ______________________
8. Have you previously applied for or received funding from this program? _________ If yes, Contract No. __________

Real Property Information

1. Property address (if residence on property) ____________________________
2. Location (section) _________ (township) _________ (range) _________ (county) _________
3. Assessor’s account number(s) ____________________________
4. Tax lot no(s). ____________________________
5. Total acres of tax lot _____________ Approximate acres of proposed project (minimum of 10 acres) _____________
6. Vegetation type (grass, brush or scattered merchantable trees) ____________________________
7. Year (if known) of last commercial timber harvest of forest products on the proposed project area _________
8. Does the proposed project include the harvest of forest products? _________

Owner(s) Signatures

Application must be signed by at least one individual who represents the interests of all the other owners of the property described above.

Date __________________ Signature(s) __________________
Date __________________ Signature(s) __________________