

**61**

## COMMONWEALTH OF MASSACHUSETTS

## TOWN OF SUNDERLAND

FISCAL YEAR 20\_\_

**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"/> MINIMUM ACRES  <input type="checkbox"/> USE/CONDITION	<input type="checkbox"/> ALL	
	<input type="checkbox"/> PART	GRANTED
	<input type="checkbox"/> DEEMED	
	<input type="checkbox"/> ALL	
	<input type="checkbox"/> PART	DENIED
	<input type="checkbox"/> DEEMED	
DATE		