

Date Received: _____

61

TOWN OF CHARLEMONT

FISCAL YEAR 20____

FOREST LAND CLASSIFICATION GENERAL LAWS CHAPTER 61§1

INSTRUCTIONS: Complete all sections. Please print or type.

_____ **CONTACT PERSON** _____ **TELEPHONE #**

1. **IDENTIFICATION** Complete this section fully.

Name of applicant(s) _____

Mailing address _____

Property Covered by Application							
List Parcel Information for up to 5 parcels to be classified	Location	Assessor's Map/Lot	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 <input type="checkbox"/> DEEMED	GRANTED DENIED
	DATE VOTED/DEEMED DATE NOTICE SENT	
	BOARD OF ASSESSORS	
	DATE:	