# SANTA FE-POJOAQUE SWCD
## *LANDOWNER REQUEST FOR ASSISTANCE*

**PROJECT TITLE:** _____

NAME: _____
ADDRESS: _____ZIP: _____
PHONE: _____e-mail: _____

LEGAL DESCRIPTION: T_____ R_____ SEC_____

GEOGRAPHIC LOCATION (subdivision): _____
_____
_____

PROPERTY OWNER: YES___ NO___ PROOF OF INSURANCE: YES____ NO_____

TOTAL ACRES: _____

INTERESTED IN THINNING ___ DEFENSIBLE SPACE____

FOREST TYPE:
PINON/JUNIPER _____
*PONDEROSA PINE* _____
MIXED CONIFER _____

PRIOR ACTIVITY (*Please describe any forestry, erosion control, or wildlife enhancements performed in the last five years*): _____
_____
_____
_____

I understand that the defensible space and fuel reduction work will need to be maintained and agree to complete the maintenance work as long as I own this land.

SIGNATURE: _____ DATE: _____

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OFFICE USE:
APPROVED _____ FOR_____
REJECTED _____ REASON_____
PRIORITY_____ CONTRACTOR_____

Send or deliver to:

Santa Fe-Pojoaque SWCD
4001 Office Court Drive #1001
Santa Fe, NM 87507-4929