



Cowlitz County Assessor's Office

**TIMBER REPORT**

*Continuance of Designated Forest Land, RCW 84.33*

*For office use only:*

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Reviewed by

New Owner Name(s) and Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel Number(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acres

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Address

\_\_\_\_\_  
\_\_\_\_\_

Legal Description

\_\_\_\_\_  
\_\_\_\_\_

Describe the existing timber stand(s), including the age and approximate stocking level.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the land is not currently timbered, when was it harvested? \_\_\_\_\_

Explain your plan for reforesting the land. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any buildings that are situated on the land and describe their use.

\_\_\_\_\_  
\_\_\_\_\_

*\* Be sure to include the location of any structures on the attached map.*

*By signature below, I/we affirm that this information is correct and ask the Assessor's Office to continue this property in the Designated Forest Land Program. I understand that properties in this classification are subject to periodic audit and that I/we must continue to meet the requirements as defined in RCW 84.33 and WAC 458-30 to remain in the program.*

Signature(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**BE SURE TO ATTACH A MAP OF THE PROPERTY.** *Identify any varying timber stands or harvested areas, significant natural attributes, (i.e. ponds, streams) and any manmade features(i.e. buildings, power lines, etc).*