Master Woodland Manager Assistance Request Form
Forestry & Natural Resources Extension
Marion, Polk and Yamhill Counties

Please provide the following information:

Name(s):
Address:
Phone(s): email:
Number of forested acres:
Legal description of your forestland, as shown on your county assessor's tax statement. (This allows us to locate a map for your property).

Tax Lot Number(s):

Township _____ Range _____ Section _____

1. What are the questions or issues for which you are requesting MWM assistance?
2. Do you have a written management plan?   YES    NO

To help us understand the context of your questions, please indicate how well each of the following five statements describes your situation (where for each statement 10 most strongly describes your situation, and 1 does not apply).

   a. I generate income from my land or own it for financial/investment purposes. ______
   b. I own my land for the enjoyment of the scenery. _____
   c. I own my land for the privacy it affords. _____
   d. I use my land for recreational purposes. _____
   e. I am not particularly involved with my land. _____

Please return this form to Brad Withrow-Robinson, Forestry & Natural Resources Extension, Marion, Polk and Yamhill Counties.

Email- brad.w-r@oregonstate.edu

Snail mail  Brad Withrow-Robinson  
            2050 Lafayette Ave. 
            McMinnville, OR, 97128  

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