



Massachusetts Forest Legacy Program

Conservation Restriction

Monitoring Form

Forest Legacy Program Use Only

Follow-up visit needed?

Yes No Date: _____

CR Name: _____ Date(s) Monitored: _____ Time spent: _____

Monitor(s) name and affiliation: _____

Address: _____

Phone: _____ Email: _____

Name of landowner: _____ Was the property transferred / sold? Yes No

Preferred contact Letter: _____

Phone: _____ Email: _____

Was landowner contacted prior to visit? Yes No* Was landowner present for monitoring visit? Yes No

Did the landowner relay any information about past management or planned improvements? Yes* No

Did the landowner have any questions regarding the FSP or CR? Yes* No

*Please describe:



What are the present uses of the CR property? (check all that apply)

Forest Management

Water Supply Protection

Wildlife / Habitat Management

Recreation

Non-Forest Uses

Research / Education

Industrial / Commercial / Residential

Other

Please describe how the property is being used. Are these uses active? What actions support these uses?

Did you observe any human caused alterations to the CR property? (check all that apply)

Improvements / Maintenance

New Structure

Dumping / Storage

Clearing

Vegetation Management

Construction of Roads / Paths

Excavation / Filling

Other

Please describe, include extent, location description and GPS points if possible:

Did you discuss any of these changes with the landowner?

Yes* No

*Please describe:

When walking the boundary, did you observe any area where adjacent property usage abuts the property line?

Yes* No

*Please describe:

Did you observe any natural alterations to the CR property? (check all that apply)

Fire Flooding Erosion Vegetation Invasive Species Storm Damage Other

Please describe, include extent, location description and GPS points if possible:

Did you contact the DCR Service Forester to discuss the FSP? Yes No Forester did not respond

Did the Service Forester indicate that any amendments to the FSP, cutting plans, or cost share practices were filed for this property within the last year?

Are cutting / forest management activities in compliance with the FSP recommendations? Yes No

Please describe:

Final Observations:

Did you observe anything that should be reassessed during the next monitoring visit? Yes* No

Did you observe any alterations that need to be reviewed to determine compliance with the CR? Yes* No

*Please describe below

Comments (use additional page if necessary):

Attachments Included: aerial photo ground photos maps illustrations additional pages other

Signature: _____ Date: _____

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