



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

Does 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: _____

[illegible]