

**EAST MOUNTAIN FOREST HEALTH PROGRAM**  
**Landowner Assistance Application**

Ciudad Soil & Water Conservation District  
6200 Jefferson NE, Room 125  
Albuquerque, NM 87109  
Fax: (505) 761-5448

Property lies off of:

North 14 \_\_\_\_\_ South 337 \_\_\_\_\_ or East of 14, North of I-40 \_\_\_\_\_ South of I-40 \_\_\_\_\_

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Geographic Location/subdivision: \_\_\_\_\_

Total Acreage of Property: \_\_\_\_\_ Acres in Need of Thinning: \_\_\_\_\_

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):

\_\_\_\_\_

**Note:** This program **does not** include removal of existing dead and down fuels on your property. We only remove or treat what we cut. \_\_\_\_\_ (please initial).

\*\*In order to qualify for this program, applicants must be able to identify the boundary lines of their property. \*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ciudad SWCD Representative \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_

Please visit our website at: [www.ciudadswcd.com](http://www.ciudadswcd.com)