



APPLICATION TO THE ASSESSOR FOR CLASSIFICATION OF LAND AS FOREST LAND

Declaration of policy: it is hereby declared that it is in the public interest to encourage the preservation of farm land, forest land and open space land in order to maintain a readily available source of food and farm products close to the metropolitan areas of the state, to conserve the state's natural resources and to provide for the welfare and happiness of the inhabitants of the state [and] that it is in the public interest to prevent the forced conversion of farm land, forest land and open space land to more intensive uses as the result of economic pressures caused by the assessment thereof for the purposes of property taxation at values incompatible with their preservation as such farm land, forest land and open space land.

PLEASE PRINT. COMPLETE ALL SECTIONS. SEE REVERSE SIDE OF THIS FORM. ATTACH ANY ADDITIONAL PAGES.

- NEW APPLICATION (ATTACH THE CERTIFIED FORESTER'S REPORT)
- UPDATE APPLICATION (EXCEPTED TRANSFERS ONLY) (ATTACH CERTIFIED FORESTER'S REPORT DATED WITHIN 10 YEARS OF THIS TRANSFER)
- ACREAGE CHANGE (ATTACH EXPLANATION)
- USE CHANGE (ATTACH EXPLANATION)

NAME OF ALL OWNERS	MAILING ADDRESS

CONTACT PERSON'S NAME	CONTACT PERSON'S TELEPHONE NUMBER	CONTACT PERSON'S E-MAIL ADDRESS
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CERTIFIED FORESTER'S NAME	CERTIFIED FORESTER'S ADDRESS	CERTIFICATE NUMBER	EXPIRES	DATE OF REPORT
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STREET ADDRESS	MAP	BLOCK	LOT	TOTAL ACREAGE	CONFORMING FOREST ACRES FROM FORESTER'S REPORT	ASSESSOR'S USE VALUE PER ACRE

OWNER'S AFFIDAVIT (ALL OWNERS MUST SIGN)

I DO HEREBY DECLARE under the penalty of false statement that the statements made herein by me are true according to the best of my knowledge and belief, and that I have received and reviewed § 12-504a through §12-504e, inclusive of the Connecticut General Statutes concerning a potential tax liability upon a change of ownership or use of this property.

OWNER'S SIGNATURE	DATE SIGNED	OWNER'S SIGNATURE	DATE SIGNED	OWNER'S SIGNATURE	DATE SIGNED
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ASSESSOR'S VERIFICATION SECTION

ACQUISITION DATE	DATE RECORDED	VOLUME/PAGE	MAP/BLOCK/LOT	TOTAL ACREAGE	TOTAL ACREAGE CLASSIFIED

APPLICATION APPROVED: YES NO; REASON: _____

ASSESSOR	DATE
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