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We're Growing

SILVICULTURE REQUEST FORM

WOODLOT OWNER: _____

ADDRESS: _____

TELEPHONE #: _____

WOODLOT LOCATION: _____

PID #: _____

- TREATMENT REQUEST:
- Pre-Commercial Thinning
 - Planting
 - Plantation Cleaning
 - Management Plan
 - Walk thru

OWNER PREFERENCE TO DO THE WORK: _____

CONTRACTOR'S INFO (telephone #, address): _____

COMMENTS: _____

OWNER'S CONTRIBUTION 2019-2020 Season

PCT: \$115.00 /ha Plantation Cleaning: \$90.00/ha Planting: \$100.00/ha

I _____, (land owner) am responsible for the payment of the Landowner's Contribution that is associated with the above request.

DATE: _____

SIGNATURE: _____