

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NOTICE OF INTENT TO CUT WOOD OR TIMBER

YR	TOWN	OP#
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE TYPE OR PRINT (If filling in form on-line; use TAB Key to move through fields)

1. Town/City of: _____

2. Tax Map/Block/Lot or USFS Sale Name & Unit No. _____

3. Intent Type: Original ☐ Supplemental ☐ _____
(Original Intent Number)

4. Name of Access Road: _____

5a. Acreage of Lot: _____ Acreage of Cut: _____

5b. Anticipated Start Date: _____

6. Type of ownership (check only one):

- a. Owner of Land and Stumpage (Sole Owner) ☐
- b. Owner of Land and Stumpage (Joint Tenants) ☐
- c. Owner of Land and Stumpage (Tenants in Common) ☐
- d. Previous owner retaining deeded timber rights ☐
- e. Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements ☐

REPORT OF CUT / CERTIFICATE TO BE SENT TO:

OWNER ☐ OR LOGGER / FORESTER ☐

BY MAIL ☐ OR E-MAIL ☐

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)

Attach a signature page for additional owners.

SIGNATURE OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

SIGNATURE OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

MAILING ADDRESS

CITY OR TOWN

STATE

ZIPCODE

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes)

CELL PHONE (Enter number without dashes)

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:

1. All owners of record have signed the Intent;
2. The land is not under the Current Use Unproductive category;
3. The form is complete and accurate; and

4. Any timber tax bond required has been received.

\$ _____ Date: _____

5. The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.

6. This form to be forwarded to DRA immediately after signing.

For Tax Year April 1, _____ to March 31, _____

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut
White Pine	MBF
Hemlock	MBF
Red Pine	MBF
Spruce & Fir	MBF
Hard Maple	MBF
White Birch	MBF
Yellow Birch	MBF
Oak	MBF
Ash	MBF
Soft Maple	MBF
Beech/Pallet/Tie & Mat Logs/ Pine Box	MBF
Other (Specify)	MBF
Pulpwood	Tons
Spruce & Fir	
Hardwood & Aspen	
Pine	
Hemlock	
Biomass Chips	
Miscellaneous	
High Grade Spruce/Fir	Tons
Cordwood & Fuelwood	Cords

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species	Amount:
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10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

SIGNATURE OF PERSON RESPONSIBLE FOR CUT	DATE	
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT		
MAILING ADDRESS		
CITY OR TOWN	STATE	ZIPCODE
PHONE NUMBER	E-MAIL ADDRESS	

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

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