



LANDOWNER REIMBURSEMENT FORM

To receive your reimbursement for implementing your Forest Care plan, fill out this form, include appropriate receipts, and mail to:

**Forest Care
P.O Box 746
Blue Jay, CA 92317**

Reimbursement process may take up to 60 to 90 days to complete.

Name:	_____
Address:	_____

APN	_____

If you performed the work on your property, refer to Exhibit A in your Landowner Agreement for allowable equipment reimbursement rates and receipt requirements.

If a contractor was used only one entry is necessary for all work performed. Copy of contractor invoice required.

Equipment Used / Contractor Used	√ if Rented	Date	# of hrs, miles, days or weeks	Total
Total				

Reimbursement Requested

(75% of total eligible for reimbursement)

Amount of Donation

If donating, initial here if you would like a donation receipt mailed to the address you have entered above

Total Reimbursement Requested

(Reimbursement less donation amount)



Yes, I am interested in donating a portion of my reimbursement to the National Forest Association, a 501(c)(3) nonprofit dedicated to developing new resources and partnerships that create new opportunities, particularly through the efforts of volunteers, for conservation, education, and recreation that add value to the forest's role as public land. **Check us out on the web at www.sbnfa.org!**