

YR TOWN OP#
 25 - 161 - 05 - T

For Tax Year April 1, 25 to March 31, 26

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

- Town/City of: FRANKLIN
- Tax Map/Block/Lot or USFS Sale Name & Unit No.
P3-432
- Intent Type: Original Supplemental 25-161-05-T
(Original Intent Number)
- Name of Access Road: Profile RD
- 5a. Acreage of Lot: _____ Acreage of Cut: _____
- 5b. Anticipated Start Date: _____
- Type of ownership (check only one):
 - Owner of Land and Stumpage (Sole Owner)
 - Owner of Land and Stumpage (Joint Tenants)
 - Owner of Land and Stumpage (Tenants in Common)
 - Previous owner retaining deeded timber rights
 - 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 <input type="radio"/>	OR LOGGER / FORESTER <input checked="" type="radio"/>
BY MAIL <input type="radio"/>	OR E-MAIL <input checked="" type="radio"/>

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 (In Ink) OF OWNER(S) OR CORPORATE OFFICER(S) [Signature] DATE SIGNED 2-12-26

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)
Forrest P Hicks II

SIGNATURE (In Ink) OF OWNER(S) OR CORPORATE OFFICER(S) _____ DATE SIGNED _____

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)
Forrest P. Hicks II

MAILING ADDRESS
Po Box 125

CITY OR TOWN Jefferson STATE NH ZIP CODE 03583

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:
- All owners of record have signed the Intent;
 - The land is not under the Current Use Unproductive category;
 - The form is complete and accurate; and

- Any timber tax bond required has been received.
 \$ _____ Date: _____
- The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.
- This form to be forwarded to DRA within 30 days.

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut	
White Pine	60	MBF
Hemlock	1	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	50	MBF
Other (Specify)		MBF
Pulpwood		Tons
Spruce & Fir	900	
Hardwood & Aspen	2600	
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:

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 327-J, the timber harvest laws.

SIGNATURE (In Ink) OF PERSON RESPONSIBLE FOR CUT [Signature] DATE 2-12-26

PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT
Forrest P. Hicks II

MAILING ADDRESS
Po Box 125

CITY OR TOWN Jefferson STATE NH ZIP CODE 03583

PHONE NUMBER 603-586-9819 E-MAIL ADDRESS hlogging@strytubcc.com

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____ SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____ SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____ SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____ SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL _____ DATE _____