



UMPQUA SOIL & WATER CONSERVATION DISTRICT
ASSISTANCE REQUEST FORM

CLIENT NAME: _____ DATE: _____

MAILING ADDRESS: _____
Street Address

City State Zip

SITUS ADDRESS: _____
Street Address

City State Zip

LEGAL DESCRIPTION: _____
Township Range Section

Tax Lot Total Acres

NAME OF OWNER: _____

TYPE OF ASSISTANCE YOU ARE INTERESTED IN RECEIVING:

Technical: _____ Informational: _____
Financial: _____ Other: _____

LAND USES (Check all that Apply):

_____ Non-Irrigated Pasture	_____ Irrigated Pasture	_____ Non-Irrigated Cropland
_____ Irrigated Cropland	_____ Orchard	_____ Vineyard
_____ Woodland/Forest	_____ Wildlife	_____ Urban
_____ Recreation	_____ Rural Residential	_____ Livestock

RESOURCE CONCERNS (Check all that Apply):

_____ Streambank Erosion	_____ Noxious Weed Control	_____ Water Quality
_____ Livestock Management	_____ Riparian Conditions	_____ Water Quantity/Use
_____ Reforestation	_____ Wildlife Habitat	_____ Fish Habitat/Passage
_____ Wildfire Fuel Reduction	_____ Water Storage	_____ Other

DETAILS/CONCERNS: _____

ARE YOU INVOLVED IN ACTIVITIES WITH OTHER NATURAL RESOURCE AGENCIES/GROUPS?
(ODF&W/ODA/OWEB/DEQ/Watershed Councils/Duucks Unlimited/NRCS, etc.)

_____ Yes Name of Organization: _____
_____ No Name of Contact Person: _____

ADDITIONAL COMMENTS: _____

