



# FOREST RESOURCES HARVEST REPORT

Business name	Phone
Permit number	Operating unit/block

<b>Quarterly reporting:</b>	April, May, June	July, Aug, Sept	Oct, Nov, Dec	Jan, Feb, Mar
	DUE: July 31	DUE: October 31	DUE: January 31	DUE: April 30

**All harvested products must be reported as per the cutting permit terms and conditions.**

Product	Timber type	Volume m <sup>3</sup> (1 cord = 2.265 m <sup>3</sup> )	Month	Year
Fuel wood	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Fuel wood	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Other:				
Fuel wood	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Fuel wood	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Other:				
Fuel wood	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Fuel wood	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Coniferous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Saw log	Deciduous	<input type="checkbox"/> Dead		
		<input type="checkbox"/> Green		
Other:				

**I hereby certify that the harvested volumes provided on this Forest Resources Harvest Report are true.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	District: _____	Received signature: _____	Date: _____
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