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VT Schedule FMR-319	Additional Owners for FOREST MANAGEMENT ACTIVITY REPORT
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Attach to Form FMR-318
Signatures must be original.

For use with Form FMR-318, Forest Management Activity Report, when there are more than two owners.

	Reporting (Activity) Year	
Owner #1 from FMR-318	SPAN of parcel (i.e., 123-123-12345) — —	Federal ID or Social Security Number

Owner #3

Entity (Business) Landowner Name			Federal ID Number	
OR Individual Landowner Last Name	First Name	MI	OR Social Security Number	
Landowner Mailing Address, Line 1			Daytime Telephone Number	
Landowner Mailing Address, Line 2 (if needed)			Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	For Department Use Only	
Foreign Country (if not United States)		E-mail Address		

Owner #4

Entity (Business) Landowner Name			Federal ID Number	
OR Individual Landowner Last Name	First Name	MI	OR Social Security Number	
Landowner Mailing Address, Line 1			Daytime Telephone Number	
Landowner Mailing Address, Line 2 (if needed)			Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	For Department Use Only	
Foreign Country (if not United States)		E-mail Address		

Signatures

Signature of Owner #1 	Title, if signing on behalf of an entity	Date
Signature of Owner #2 	Title, if signing on behalf of an entity	Date

Attach multiple copies of this schedule as needed.