Revised 11/20/2012

FOR COUNT	Y USE ONLY
Date Submitted to County	Notice NoCounty-Year-Sequence No.
Date Notice Approved by County	Date Notice Found Deficient by County
	USAGE BY TIMBER OWNER NTY, ALABAMA
	Check one: Harvest & haul 🗌 or Haul only 🗌
TIMBER OWNER	R INFORMATION
As defined in Section III (8) of Autauga County's Logging Notice Ordinar (a) The person or firm who has legal title to timber when the timber enter (b) Any person or firm that has entered into a contract with a landowner poles, posts, or wood chips to any wood yard or processing plant. (c) A landowner who harvests his or her own timber and delivers pulpw plant.	ers a county road, bridge or right of way. r for the purposes of severing timber and delivering pulpwood, logs,
Company Name	
Contact Person	
Address	
Daytime Phone Number	
Cell Phone Number	
Fax Number	
Liability Insurance Company Name	
Liability Insurance Address	
Have you received any warnings or citations for violating any county's logging notification ordinance in the last 24 months? If so, provide dates.	

TIMBER TRACT INFORMATION		
Is a map and/or a legal description attached to this notice, and are plar	aned access points properly identified?	Yes
		No
Type of Access Point (check which one is applicable):	New (4 business days)	
	Existing (2 business days)	
Location of Timber Tract (Section , Township and Range where Timber Tract is located. Coordinates should be for the planned access point.)	Section	
	Township	
	Range	
	Latitude	
	Longitude	
Estimated Acreage of Timber Tract	Acres	
Estimated Date to Access the County Roads		
Estimated Completion Date		
point being utilized. Add sketch or additional information if necessary.	ntended to be used to remove timber from tra	act to its final destination. The
expected haul route shall not include roads and/or bridges which are po route may be submitted in lieu of a narrative. The tract location and exp	sted with weight restrictions. A map that indi	cates the expected haul

CONTRACTOR/SUBCONTRACTOR INFORMATION (LOGGER, HAULER, ETC.)

Company Name

Contact Person

Address

Daytime Phone Number

Cell Phone Number

Fax Number

Liability Insurance Company Name

Liability Insurance Address

CONTRACTOR/SUBCONTRACTOR INFORMATION (LOGGER, HAULER, ETC.)		
Company Name		
Contact Person		
Address		
Daytime Phone Number		
Cell Phone Number		
Fax Number		
Liability Insurance Company I	Name	
Liability Insurance Address		

The undersigned hereby attests that all information contained on this NOTICE is true and accurate. I have read and understand the IMPORTANT NOTICES statement contained on the Instruction Sheet accompanying this NOTICE.

Print Name

Date

Signature