

HOWARD LOGGING NOTIFICATION

OWNER(S)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: \_\_\_\_\_

PROPERTY(IES) INFORMATION

Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

LOGGING/FORESTRY ENTITY

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Address: \_\_\_\_\_

(Name) (Position)

I, \_\_\_\_\_, \_\_\_\_\_ of above listed Logging/Forestry Entity hereby affirms that the information provided above is current and accurate to the best of my knowledge. I further affirm that I am authorized to act on behalf of the Logging/Forestry Entity named above. I further affirm that the Logging/Forestry Entity has liability insurance or other coverage sufficient to cover ordinary and customary risks and damages associated with the Logging/Forestry profession. The Logging/Forestry Entity hereby indemnifies the Town of Howard from any damages or claims associated with the logging on and associated with the property(ies) listed above. In the event of any damages or claims associated with the logging activity, the Town of Howard will be given our insurance or coverage provider's information upon request. Dated: \_\_\_\_\_.

Signature: \_\_\_\_\_

Mail Completed Form to: Town of Howard  
3725 Mill Rd.  
Avoca, NY. 14809