



NOTICE OF TIMBER CUTTING
Notice will expire on December 31st in the year of filing



To: Kim Trueblood, County Clerk, 500 Forest St, Wausau, WI 54403 Fax: 715-261-1515 www.co.marathon.wi.us

Notice is hereby given, pursuant to Section 26.03 of the WI Statutes, of intent to harvest raw forest products from the following described land(s):

*Pursuant to Sec. 26.03 Harvest of raw forest products (1m) Harvesting Upon Notification. (a) 1. Unless otherwise authorized to do so by the county, no person may harvest any raw forest products, or direct the harvesting of any raw forest products, from any land until **14 days** after the clerk of the county in which the land is located is notified of that person's proposal to harvest.*

Marathon County hereby disclaims any liability regarding the statutory issuance of the cutting notices as well as any contractual liability resulting from such issuance. Each party, the loggers, and the landowners are responsible for their own legal interests for any and all contracts, agreements and legal arrangements. The County does not provide any legal advice to the parties, and all parties are hereby advised to seek their own counsel as necessary. All parties have a legal obligation to provide the Clerk with accurate and up-to-date information so that the notices are as accurate as possible. By submitting a Timber Cutting Notice, the submitting party is indicating that he or she has the legal right to harvest raw forest products from the listed property. Processing of a requested permit by Marathon County is not an affirmation by the County that the applicant has the legal authority to harvest raw forest products on the named property.

Town of: _____, MARATHON COUNTY, WISCONSIN

Description	Section	Township	Range	Parcel ID Number (PIN) - Required

Submitted by: Cutter _____ Land Owner _____ Other _____ (If other, state relationship _____)

Type of Cutting: Logs _____ Pulp _____ Firewood for Sale _____ Christmas Trees _____ Other _____

Landowner Name: _____ **Phone #:** _____

Address: _____ **City/State/Zip:** _____

E-Mail: _____ **Required**

Cutting Agent Name: _____ **Phone #:** _____

Address: _____ **City/State/Zip:** _____

E-Mail: _____ **Required**

Approved Permits will only be sent to the entities listed below. Permits will be sent to other parties upon request.

↓ For Office Use Only ↓

Date Filed: _____ (expires December 31st of the year filed)

Taxes Checked by: _____

Copies Provided via email to:

Landowner	DNR Forester	County Clerk (original)
Cutting Agent	County Forester	
Town Chair	County Treasurer	