Mt. Hood National Forest - Special Products Request Form
(Please allow two weeks before checking status of your request)

Date: ___________________________ Phone Number: ___________________________

Name: ______________________________________________________________________

Request (describe product and quantity): __________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Location: Road Number(s), distance from nearest junction, T/R/S, GPS, etc.): __________
__________________________________________________________________________________________________________________________________________

Mail or fax request to one of the following:

**Westside**
Mt. Hood National Forest Headquarters
Attn: SFP Coordinator
16400 Champion Way, Sandy, OR 97055
Fax: 503-622-5622

**Eastside**
Barlow Ranger District
Attn: SFP Coordinator
780 NE Court Street, Dufur, OR 97021
Fax: 541-467-2271

*******************************************************************************
(Following information to be completed by Forest Service)
REQUEST APPROVED _______ REQUEST DENIED _______

Product Plan #_________________ Product/Species______________________________
Quantity Approved: ________________ (Each / Ton / LBS / Gallons / Other Unit of Measure)
Term Length _________________________ Load Tags: Y / N
Comments:

Reviewing Officer Signature: ______________________________ Date: __________
Notification Date: __________ Notes: ____________________________

For the SFP program comments and questions, please contact your local district office or visit http://www.fs.usda.gov/mthood
USDA Forest Service is an equal opportunity provider and employer.