



Mt. Hood National Forest

Firewood Assistance Program

Form Instructions

The purpose of the Mt. Hood National Forest Firewood Assistance Program is to provide options for the members of our community that rely on firewood for heat but cannot cut and/or harvest the firewood on their own due to age or physical disabilities. Only free/personal use firewood permits are accepted in this program; anyone purchasing charge/commercial use firewood permits do not qualify for firewood assistance.

Free/personal use firewood permits must already be acquired by both the Authorized Representative and Requesting Permittee before submitting this form for identification and enforcement purposes. Each firewood permit (in their entirety) and this form, with a signature of approval, must always be in the possession of the Authorized Representative when cutting or transporting firewood.

DEFINITIONS:

- **Requesting Permittee:** Person requesting assistance in harvesting firewood due to age (62 years or older) or physical disability.
- **Authorized Representative:** Person cutting/gathering firewood material for the Permittee.

TO SUBMIT THIS FORM:

1. print, ink sign, and drop off or mail to one of our offices, *or*
2. print, ink sign, and scan & email to one of our special forest product coordinators, *or*
3. visit one of our district offices to pick up a hard copy form from the main entrance kiosk or from the front desk during business hours.

RESOURCES:

- Firewood program: www.fs.usda.gov/r06/mthood/permits/firewood
- Special Forest Products: www.fs.usda.gov/r06/mthood/permits/special-forest-products
- District office hours, phone, address: www.fs.usda.gov/r06/mthood/offices

Contact our special forest product coordinators if you have any further questions:

SM.FS.MtHoodSFP@usda.gov

GO TO PAGE 2 TO FILL OUT THE AUTHORIZED REPRESENTATIVE REQUEST FORM



Forest Service
U.S. DEPARTMENT OF AGRICULTURE

Mt. Hood National Forest

Firewood Assistance Program

Authorized Representative Request Form

Requesting Permittee Information

(person requiring assistance)

Legal Full Name: _____

Physical Address: _____
(Street Number) (City) (State) (Zip Code)

Phone Number(s): _____

Firewood Permit Number: _____

Reason For Request (check at least one box): **Age 62+** **Physical Disability**

By signing below, I hereby authorize the below named Authorized Representative to cut, gather, and haul wood for me under the terms of my permit. As Permittee, I understand that I am not relieved of the responsibilities or liabilities assumed hereunder.

Permittee Signature: _____ **Date:** _____
(MM/DD/YYYY)

Authorized Representative Information

(person cutting and/or gathering material)

Legal Full Name: _____

Physical Address: _____
(Street Number) (City) (State) (Zip Code)

Phone Number(s): _____

Firewood Permit Number: _____

By signing below, I agree to perform under the terms and conditions of the above-named permit. I acknowledge that all firewood cut under the above-named permit is not for my use, nor for sale, but only for the personal use of the Permittee.

Authorized Representative Signature: _____ **Date:** _____
(MM/DD/YYYY)

STOP! The below information is to be completed by Forest Service only.

APPROVED

DENIED

Notes: _____

Reviewing Officer Signature: _____ **Date:** _____
(MM/DD/YYYY)