



Mt. Hood National Forest

Special Forest Products Request Form

Please allow two weeks before checking status of your Special Forest Product (SFP) request.

Date: _____ Phone Number: _____ Name: _____

Request (describe product and quantity): _____

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

Mail, fax, or drop off request to one of the following offices:

Westside

Clackamas River Ranger District
Attn: SFP Coordinator
16400 Champion Way
Sandy, OR 97055

Email: cara.lewis@usda.gov

Desk: 971-333-4052

Mobile: 971-442-7476

Eastside

Barlow Ranger District
Attn: SFP Coordinator
780 NE Court Street
Dufur, OR 97021

Email: mark.terhune@usda.gov

Fax: 541-467-2271

Phone: 541-467-5111

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

APPROVED ☐ DENIED ☐ Product Plan Number: _____ Product/Species: _____

Quantity Approved: _____ Load Tags: Yes ☐ No ☐ Term Length: _____

Comments: _____

Reviewing Officer Signature: _____ Date: _____

Notification Date: _____ Notes: _____