

**LINCOLN COUNTY
REQUEST TO WAIVE SIX-YEAR MORATORIUM**

Landowner(s): _____

Mailing Address: _____

Telephone No.: _____

Physical Address of Property: _____

Forest Practice Moratorium Number: _____ Approval Date: _____

Legal Description:

Auditor's Recording Information: Auditor's File Number: _____

Book: _____ Page: _____

Assessor's Property Tax Parcel Numbers(s): _____

I request the six-year moratorium on non-forestry use of land be waived or lifted for the following reasons:

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

_____ Administrative Process

_____ Public Process