

SLF QUARANTINE TIMBER HARVEST PRE-NOTIFICATION

Business Name: _____ Harvester Name: _____

Street Address: _____

Tract Information

Tract Name: _____

Location (parcel I.D., address): _____

County: _____

Pre-harvest Notification

PA Department of Agriculture Notification Required: 2- week min / 4-week max prior to harvest.

Date: _____

Person Notified: _____ Conversation or Left message

SLF Inspection

Date completed: _____ Inspected By: _____

Was there evidence of SLF? Y N

If yes, list what was done: _____

Shipped / Sold to

Date shipped: _____

Shipper information (if different from Harvester)

Shipper Name: _____

Shipper Address: _____

Purchaser Name: _____

Ship to Address: _____

County: _____