

**PRIVATE LANDS MANAGEMENT PROGRAM
COMPLIANCE REPORT FORM 20__**

Area: _____

Owner: _____

Contact person (if different from owner): _____

Phone: _____

Address: _____

Date reviewed: _____

Reviewed by: _____

Photos taken (Y/N):

Wildlife inventory done (Y/N):

Habitat projects proposed to be completed during prior year:

Project	% Completed	How Well Were Projects Completed?
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Any additional work that was completed:

Overall rating:

- Excellent
- Good
- Needs improvement
- Unacceptable

HARVEST (INCLUDE NUMBERS AND SEXES FOR ALL SPECIES TAKEN (must be filled in):

COMMENTS:

CDFW Staff Signature

Date