

Stowe Land Trust
ANNUAL MONITORING REPORT

Date of Visit: _____

Property Name:
Name of Monitor(s):
Landowner Accompanied Monitor: Yes No
Hours: Travel Field

PRE-MONITORING (to be completed by SLT staff)

Current Owner: _____
Owner Contacted: Letter Phone Voice Mail Email Other
By: Staff Board Member Volunteer

Since last monitoring visit, does SLT have knowledge of (if 'Yes', describe):

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	All or part of the property transferred, leased or sold
<input type="checkbox"/>	<input type="checkbox"/>	All or part of the property being subdivided or boundary lines adjusted
<input type="checkbox"/>	<input type="checkbox"/>	Construction of structures, ponds, trails or other improvements
<input type="checkbox"/>	<input type="checkbox"/>	Active timber harvesting
<input type="checkbox"/>	<input type="checkbox"/>	Any reserved rights being activated

OBSERVATIONS MADE DURING MONITORING VISIT (to be completed by monitor)

Describe area monitored (such as entire property, eastern boundary, trails, etc), method of inspection (foot or car) and weather or ground conditions.

Condition of SLT signs: Like new Good Poor Missing NA

Have current land uses and management activities changed since the last visit?

Agriculture	<input type="checkbox"/> Yes	<input type="checkbox"/> No Change Observed	<input type="checkbox"/> NA
Forestry	<input type="checkbox"/> Yes	<input type="checkbox"/> No Change Observed	<input type="checkbox"/> NA
Recreation	<input type="checkbox"/> Yes	<input type="checkbox"/> No Change Observed	<input type="checkbox"/> NA
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No Change Observed	<input type="checkbox"/> NA

If 'Yes', describe:

Are there any significant land use changes on neighboring properties from the last visit?

Yes (describe) None Observed

Common Concerns (If 'Yes', please describe below and indicate on a map)

Littering, dumping, vandalism	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Buildings, structures, survey stakes	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Boundary issues, encroachment	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Invasive species	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Motorized vehicle use	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Posted signs	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Stream/wetland alteration, erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Natural changes (fire, flood, downed trees)	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> None Observed	<input type="checkbox"/> NA

To your knowledge, have any of these recreational uses taken place on the property?

Walking Mountain Biking Skiing/Snowshoeing Hunting
 Horseback riding Fishing Other: _____

Describe boundary condition (blazes, flagging, corner monuments):

Describe stewardship actions taken (flagging boundary, rubbish clean up, signage):

Describe stewardship actions recommended:

I certify that all information contained in this report is true and accurate to the best of my knowledge.*

Signature of Steward/Report Preparer:

Signature

Print Name

Date

Steward Title: Staff Volunteer Board

Steward Address: _____

*The information contained in this report is based upon the best information available to SLT at the time it was compiled, and all due care was exercised in its preparation. Because it is not possible to monitor the entire surface area during a monitoring visit, this report shall not serve as a certification that the landowner is in compliance with or in violation of the terms of the easement.