



**QUINAULT DEPARTMENT OF NATURAL RESOURCES**

P.O. BOX 189  
 TAHOLAH, WASHINGTON 98587  
 PHONE (360) 276-8211

Forest Practice Application No.
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**SUPPLEMENTAL DIRECTIVE**

NAME			OPERATOR			NAME			LANDOWNER			NAME			TIMBER OWNER											
ADDRESS						ADDRESS						ADDRESS														
CITY			STATE			ZIP			CITY			STATE			ZIP			CITY			STATE			ZIP		

THIS SUPPLEMENTAL DIRECTIVE IS ISSUED TO ALLOW OPERATION ON THIS FOREST PRACTICE APPLICATION TO BE CONDUCTED IN AN ALTERNATIVE MANNER FROM THAT STATED IN THE APPLICATION (SPECIFY CHANGES):

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THE ABOVE ITEM(S) WAS/WERE DISCUSSED WITH \_\_\_\_\_  
 AT \_\_\_\_\_ (PLACE) ON \_\_\_\_\_ (DATE)  
 TIME \_\_\_\_\_ (A.M.)  
 \_\_\_\_\_ (P.M.)

THIS SUPPLEMENTAL DIRECTIVE IS ISSUED BECAUSE THE DEPARTMENT CONSIDERS THIS A PREFERRED COURSE OF ACTION TO PROVIDE GREATER ASSURANCE THAT THE PURPOSES AND POLICIES OF THE FOREST PRACTICES ACT ARE MET.

SIGNATURE OF/OR NOTICE GIVEN TO:  
 \_\_\_\_\_  
 NAME  
 \_\_\_\_\_  
 DATE

**DEPARTMENT OF NATURAL RESOURCES**  
 \_\_\_\_\_  
 NAME  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE