Michigan Department of Natural Resources – Wildlife

NATURAL AREAS NOMINATION PACKET COVER SHEET

In execution of Part 351, "Wilderness and Natural Areas," NREPA, 1994 PA 451, being section 324.35102 of the Michigan Compiled Laws.

FOR DNR USE ONLY
Nom. ID. _____
Date Rec'd _____

Please complete this Cover Sheet and include as the first page of each copy of the Nomination Packet. Additional information and applicable forms are available on the Michigan DNR website at http://www.michigan.gov/dnr, Wilderness & Natural Areas.

NOMINATED AREA - GENERAL INFORMATION

Name	Size (in Acres)
General Location	County(s)

Natural Area Values (check all that apply)

- ☐ High quality ecological system
- ☐ High quality natural community
- ☐ High quality species assemblage
- ☐ Rare or significant species present
- ☐ Unique geologic element
- ☐ Unique recreation experience
- ☐ Unique education opportunity
- ☐ Scenic
- ☐ Close proximity to urban area
- ☐ Other, please describe - _____

Ownership (check all that apply)

- ☐ Federal
- ☐ State
- ☐ County
- ☐ Township
- ☐ City
- ☐ Private
- ☐ Land Trust
- ☐ University
- ☐ Other, please describe - _____

Note: For those applications involving private land, letters of support from the landowner(s) must be provided.

Are mineral rights owned by the landowner?	Are there any existing easements? (attach more information if necessary)
☐ Yes ☐ No	☐ Yes ☐ No

Has the landowner(s) been contacted regarding dedication of their land?	Is the landowner(s) interested and/or willing?
☐ Yes ☐ No	☐ Yes ☐ No If Yes, include a letter of support from landowner(s).

Primary Landowner's Name (attach additional landowners)	Telephone (between 8 a.m. and 5 p.m., include Area Code) ( ) -
Address	FAX Number ( ) -
City State Zip	Email Address
Property Manager's Name (if different from Landowner)	Telephone (between 8 a.m. and 5 p.m., include Area Code) ( ) -
Address	FAX Number ( ) -
City State Zip	Email Address

NOMINATOR - GENERAL INFORMATION

Name	Telephone (between 8 a.m. and 5 p.m., include Area Code) ( ) -
Address	FAX Number ( ) -
City State Zip	Email Address

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature _____ *Date* _____