



# OKLAHOMA FORESTRY DIVISION TIMBER TRESPASS COMPLAINT FORM

COMPLAINANT:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

PHONE NUMBER:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

LOCATION OF PROPERTY:

\_\_\_\_\_  
County

\_\_\_\_\_  
State

LEGAL DESCRIPTION: (Attach copy of deed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Acres

\_\_\_\_\_

I \_\_\_\_\_, date of birth being \_\_\_\_\_  
(Print Full Name )

and social security number being \_\_\_\_\_, being the legal owner or power of attorney for the above described properties, have not given anyone permission to cut the timber and request this complaint be investigated and the person or persons responsible be prosecuted.

I \_\_\_\_\_, state that the above information is true and accurate.  
(Print Full Name )

\_\_\_\_\_  
Signature

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC