

# Wyoming Department of Agriculture Coordinated Resource Planning Request

## PART I

To be completed by Land Owner(s)

Submitted through: <i>(Conservation District, Weed and Pest District or Extension Service)</i>	
Submitted by: <i>(Individual landowner or group representatives)</i>	
Location of proposed CRM: <i>(Conservation District, Weed and Pest District or Extension Service)</i>	
Size of planning area: <i>(Approximate Acres)</i>	Private <input type="text"/> State <input type="text"/> USFS <input type="text"/> BLM <input type="text"/> Other <input type="text"/> Other <input type="text"/>
CRM Participation: <i>(Please check all that apply)</i>	<input type="checkbox"/> BLM <input type="checkbox"/> Landowner <input type="checkbox"/> BLM <input type="checkbox"/> State Lands <input type="checkbox"/> US Forest Service <input type="checkbox"/> US Fish & Wildlife <input type="checkbox"/> WY Game & Fish <input type="checkbox"/> Conservation District <input type="checkbox"/> WY Parks & Rec <input type="checkbox"/> UW Extension <input type="checkbox"/> Weed & Pest <input type="checkbox"/> Oil & Gas Producers <input type="checkbox"/> Park Service <input type="checkbox"/> Landowners - Please give # _____ <input type="checkbox"/> Other (please list)
Type of Operation:	
Existing Land Use and Problems:	
Land Owner(s) Objectives:	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information:

#### WY Department of Agriculture

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#### State CRM Coordinator

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## PART II

### *The Wyoming Department of Agriculture*

The Wyoming Coordinated Resource Management Executive Committee has reviewed this request for a Coordinated Resource Management Plan and has assigned a \_\_\_\_\_ (high, medium, low) priority based on local resource objectives. The Executive Committee recommends that the \_\_\_\_\_ (agency) take the lead responsibility in this planning effort.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chair, CRM Executive Committee)

## PART III

### *To be completed by Local Agency Support (Conservation District, Weed & Pest District, UW Extension Office)*

**\*\*Please Provide a copy of your CRM contact information list with this document\*\***

Support Agency:	
Support Agency Contact:	
Address:	
Phone:	
Email:	
CRM Name:	
Initial Planning Scheduled Date:	
CRM Chairperson:	
CRM Team Members:	

Contact list information attached

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chairman, Local Coordinating Group)