MINNESOTA
LAND TRUST

Office use only:	
File number:	
Reviewed:	

2024 CONSERVATION EASEMENT MONITORING REPORT

Site: Tract: County:	At the end of the monitoring visit, please check one of the following: I noted nothing of concern.	
Certified Monitor(s):	I think there might be a problem.	
LANDOWNER INFORMATION		
Name of current owner:		
Address of current owner:		
Phone: (Home) (Work) (Work)	(Cell)	
Email: New email address?		
Date of monitoring visit:, 2023		
Owner contacted prior to visit? Yes No If no: Why?		
Did the owner (or owner's representative) accompany the monitor?	No	
If yes : Name of person(s) and relationship:		
Has the protected property changed hands since the last monitoring visit?	Yes 🗌 No	
If yes, to whom has the property been transferred? (Name, address, pho-	ne number, and email if possible)	
Details:		
If no , does the owner have any plans to transfer or sell the property in the	he immediate future? Yes None stated	
Details:		
Does the owner have any other plans? (e.g., building/remodeling, land managem	nent projects) Yes None stated	
If yes , describe:		

Does the owner want additional Minnesota Land Trust "Protected Forever" signs? (The Land Trust does not charge for signs.)

☐ Yes – number of additional signs requested: Large: 12"x18" Small: 8"x10" Mini: 3"x5" ☐ No additional signs requested. Small: 8"x10" Mini: 3"x5"			
Comments:			
DESCRIPTION OF MONITORING VISIT			
Did anyone else accompany the monitor? (<i>e.g., friend, volunteer in training, other third party</i>) Yes No			
If yes: Name of person(s) and relationship:			
Weather conditions at the time of visit (e.g., heavy rain, fog, snow):			
Means of travel (e.g., by foot, car, boat, etc.):			
Description of route traveled: Please provide a detailed description of the area you observed during the visit, including any boundaries, trails, or roads followed, and any features visited, such as prairie or wetlands. Indicate on a map, as needed.			

GENERAL PROPERTY CONDITION

Present Land Use: What are the present land uses of the protected property? Check all that apply and describe.

Residential (including seasonal cabin use):				
Agricultural:				
Forestry (larger-scale timber harvest for economic benefit):				
Recreational:				
Wildlife Habitat:				
Other:				
Any significant changes in land use on neighboring properties? If yes, please describe.				
Since the last monitoring visit: Has the property been altered since the last monitoring visit? Yes None observed				
If yes : Are alterations human-caused or natural?				
Human (e.g., new buildings, road construction, trails, fences, timber harvesting, excavation)	Natural (e.g., flood, fire, windstorm, erosion)			
On a map, please clearly indicate the location and extent of chang	ge. Take photographs and note the photograph locations on a map.			
Describe:				

Common Observations: Please check whether or not the below common issues were observed. Clearly indicate the location and extent of each on a map. Attach additional pages if necessary. Dumping: None observed Yes Details:
New or altered buildings and improvements: None observed Yes Details (<i>note any measurements</i>):
Encroachment: None observed Yes Details:
Vegetation (<i>e.g., management, removal, or plantings</i>): None observed Yes Details (<i>note if owner has management plan</i>):
Excavation: None observed Yes Details:
Changes in water courses (ponds, shoreline, etc.): None observed Yes Details:
Erosion: None observed Yes Details:
Off-road vehicle use: None observed Yes Details:
Any additional concerns, on- or off-site, which may threaten the conservation values: None observed Yes Details:
Additional Comments: Describe overall observations or additional comments about the protected property. (Please also describe and difficulties associated with monitoring the protected property.)
NEVT. 1) Co hash and indicate on the front of this form whether or not you noted any concerns during the monitoring visit

NEXT: 1) Go back and indicate on the front of this form whether or not you noted any concerns during the monitoring visit. 2) Go the Monitoring Plan in the monitoring workbook and update it with any information or observations to aid future monitors.

SIGNATURE		
Affiliation: Volunteer Staff	Date:	
Monitor name (print):	Monitor signature:	
Monitor phone number:	Monitor email:	
Monitor address (if a volunteer):		