

Rhode Island Conservation Stewardship Collaborative*
Monitoring Protocol, Version 1.0

Annual Property Monitoring Form Template (Short Form)

Property Name: _____

Plat/Lot: _____

Name(s) of Monitor(s): _____

Date of Visit: _____

Time & Duration of Visit: _____

Was the stewardship file & related documentation (easement, deed, baseline documentation report, previous monitoring records, etc.) reviewed prior to the monitoring visit?

Yes No

Landowner Information

Current Land Owner: _____

Landowner Contact Information (Address/Telephone/E-mail): _____

Was the landowner contacted prior to the monitoring visit? Yes No

How was contact made? Phone Mail E-Mail

Was the landowner (or a representative) present during the site visit? _____

Monitoring Visit

1. Describe monitoring activities (walked all boundaries, accessed interior, viewed from the road only):

2. Were boundaries clearly marked and identifiable? Yes No

Notes:

3. List and describe any observations of human alterations or management activity (construction, clearing, harvest, trails, etc.) that represent changes from the previous visit or from conditions recorded in the baseline document:

* Development of this Monitoring Checklist was facilitated by the Rhode Island Land Trust Council with funding support from the Rhode Island Conservation Stewardship Collaborative Endowment at The Rhode Island Foundation

4. To the best of your knowledge, are these activities permitted in the conservation easement or deed? Yes No Not sure

5. List and describe any other observations, needs, comments etc. that may be affecting the condition of this property:

6. To the best of your knowledge and observation, are the conservation values of this property being preserved and do all activities comply with existing restrictions (as referenced in the conservation easement, deed, etc.)? Yes No
 If no, please describe:

7. Please include any additional comments and reference any additional materials provided (photos, annotated maps, etc.) from the monitoring visit here:

Signature of monitor(s): _____ Date: _____

This section is to be completed by the monitoring program coordinator:

Signature of receiver (program coordinator, stewardship committee chair, etc.):

_____ Date: _____

Follow-up tasks identified & person who will follow up: