



## Data Sharing Waiver

Thank you for participating in a treatment project with the My Sierra Woods program to reduce catastrophic fire risk and restore forest health on your property. As part of our ongoing efforts to offer the highest level of technical support and operator capacity for this work, we rely on close local partnerships. Working collaboratively with other projects in the area allows us to achieve even greater reduction of fire risk for your land and the surrounding community while also getting the most out of the available loggers and gear to complete the work.

**To better coordinate treatment planning and available capacity, we ask for your permission to share a limited amount of information about your project with local partners. This information may include:**

- Parcel size and location
- Assessor's parcel number (APN)
- History of forest management activity
- Relevant forest health information
- Treatment plan information
- Treatment project information
- Maps of parcel and project boundaries

We would maintain the confidentiality of your name, contact information, and any personal financial information that may have been shared with us while planning your My Sierra Woods project.

We appreciate your thoughtful consideration of our request to enhance our impact on both you and your community

I consent to the limited sharing of my project information with relevant local partners by the My Sierra Woods program for the purposes described above.

**Landowner Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_