

Date _____

Circle practice you are interested in doing:

Sensitive Area (sinkholes)

Gully Erosion

Irrigation Management

Woodland Erosion

Animal Waste Management

Grazing

Cover Crop

LANDOWNER NAME (Like it is on deed)

Phone # _____

Cell Phone # _____

E-mail Address _____

**I agree that my property is assessed as agricultural. (Needs to have at least \$1000.00 farm products on the farm annually.)
Property has to have a FSA Farm Number.**

Signature of owner/operator