

SCHUYLKILL COUNTY AGRICULTURAL LAND PRESERVATION PROGRAM APPLICATION FORM

Landowner Information

Name(s) _____

Address _____
Street/RD# City State Zip

Telephone () _____ E-mail _____

Please mark your preferred method of contact: Phone E-mail Either

Name and phone # of person to contact to view tract: _____

Tract Information

Total acreage of farmland tract _____

Total acreage offered for easement _____

Tax account numbers of each parcel _____

Deed Reference: Volume # _____ Page # _____

Street location of farmland tract _____

County _____ Township _____

Agricultural Security Area _____, _____
Deed Book Page

Directions from nearest State Route _____

Crops grown on tract _____

Number and types of livestock _____

Operation Information

Farm Service Agency Farm & Tract Numbers _____

Operator _____

Operator Address _____
Street/RD# City State Zip

Operator Telephone _____

Date of USDA Conservation Plan _____

Date of Nutrient Management Plan _____

I, hereby authorize the Conservation Plan preparer to release copies of the Conservation Plan and Nutrient Management Plan (if applicable) to the Schuylkill County Agricultural Land Preservation Board and the Bureau of Farmland Preservation as required under Act 43 provisions for participation in the Schuylkill County Agricultural Land Preservation Program.

Landowner(s) Signature _____ Date _____
_____ Date _____
_____ Date _____

Operator Signature _____ Date _____

Verification of Information

Signatures of Landowners:

_____ Date _____
_____ Date _____
_____ Date _____