

Application for Removal
_____ County
Voluntary Agricultural District (VAD) Program

Owner Information

Name(s): _____

Mailing Address: _____

Email: _____

Phone (home): _____ Phone (cell): _____

Property Information

Owner(s): _____

Crop (list): _____

Agricultural Products: Livestock (list): _____
 (check all that apply) Horticultural Timber Aquaculture
 Other (list): _____

Tax Parcel Information

Parcel #	Street Address	Acres	FSA Farm & Tract

*If more space is needed, attach an additional page.

**Application for Removal from
_____ County
Voluntary Agricultural District (VAD) Program**

Conservation Agreement:

Effective this this _____ day of _____, ____ I/we, owners of property listed above, wish to withdraw the parcel(s) listed from enrollment in the Voluntary Agricultural District as required by the VAD Ordinance. I/we hereby wish to revoke the Conservation Agreement filed on said parcel(s) on _____

By checking this box, I/we have read and agree with the above statement.

Reason for removal:

I/we wish to remove the parcels from inclusion in the VAD Program:

Owner Printed Name	Signature	Date

(For Office Use Only)	Date received: _____	Application Number: _____
Eligibility Reviewer: _____	<input type="checkbox"/> Meets Ag Definition	<input type="checkbox"/> Managed for HEL
	<input type="checkbox"/> Conservation Agreement	<input type="checkbox"/> Meets Location Requirements
	Comments:	
Ag Advisory Board <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: _____
Comments:		