Parcel Number:	Mail to:	Barry Beck Mono County Assessor Po Box 456 Bridgeport Ca 93517							
SECTION ONE: The following information is <b>not confidential</b> and will be shared with other County offices.									
PLEASE ANSWER EACH QUESTION. Where necessary, attach schedules or lists to explain any answer in detail. Additional information may be added in the blank space below.									

1.	Does the property	generate annual	revenue from sa	ales of agricultura	I commodities?	□Yes	□No
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2.	If yes, indicate the revenue source:

3.	Do you lease or rent this	property to others for the production of agricultural commodities?
	If yes: Name of Tenant:	Contact Telephone

4. Check the current agricultural use(s) occurring on this property <u>and</u> the acreage of each use.

A.	$\Box$ Irrigated field crops	acres	$\Box$ Dry farming	acres	□Vineyard	acres
	□Irrigated pasture	acres	□Dry grazing	acres	□Nursery	acres
	□Orchard	acres	□Timber	acres	□Poultry	acres
	Green House/Nursery	acres				
	□Other (specify)					
	· · · · ·					

- B. If livestock production, state type of operation:
  □Cow-calf □Stocker-feeder □ Sheep □Dairy □Swine □Goats □Poultry □Other (specify) \_\_\_\_\_
- C. If grazing, indicate average carrying capacity of property: Irrigated Pasture: Acres per Head\_\_\_\_\_ Dry Grazing: Acres per Head\_\_\_\_\_

D. For livestock production, state the number of acres fenced and available for grazing:

5. If the property is less than 10 acres of prime land or less than 40 acres of non-prime land, state the annual revenue generated from sales of agricultural commodities.

6. Do you hold a current pesticide permit for the agricultural use? $\Box$ Yes $\Box$ I	No
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- A. If yes, under what name is the pesticide permit issued?
- 7. How many years has the agricultural operation been conducted on this parcel?

This official request is made in accordance with Mono County Resolution No.R00-80,30,87&R02-111 and the "Guideline for General Administration, Monitoring and Enforcement of Williamson Act Contracts and Open Space Easement Agreement," adopted by the Board of Supervisors. The above information must be completed in accordance with the instructions and filed with the Assessor of Mono County. **Completed questionnaires returned after the April 10 deadline shall be subject to a late fee and may result in nonrenewal.** 

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SECTION TWO: The following is not a public document. The information contained herein, and any attached schedule, is considered to be confidential by the Assessor as explained on page one.

1.		Hunting	rights	Recrea		utilities i	nstallatio	If yes, please n □Quarrying			:	_
2.								and December		4?Yes □	No 🗆	_
3.	A. B. C. D. E. F.	If yes Name Numi Leng Is rer Total Date Does Irriga Irriga	, please answ e of Tenant ber of net farr th of lease: F nt based upor GROSS ann this rent wen a landlord pay tion Water tion District E	ver the fol mable acr romn: □Crop ual rent to t into effe the follov xpense:	es rented or leas	sed to sh amour t recent y □No □No	/ear. _Address	s e. If share owner  \$per	rs%.		-	
		Fenc Real Other	e/structure ex Property taxe r (describe)	pense: es:	□Yes □Yes	□No □No						
	H.	Does □Re □Otł	rent include sidence	structural \$	improvements?	□Dairy \$	' \$				to the building(s)	
4.		tures,	pumps, pipe	elines, et		or remo	oved in ca	tion System alendar year 20				
5.	lf new	land w	vas leveled i	n calend	ar year 2014 p	lease in	dicate #	of Acres	Cos	st per acre	\$	
6.	crop a Please	nd vari e comp	ieties. plete this for	-	-			-			e last three yea / complete the	-
	recent 20	year c 11	only.		2012			2013		2014		
CR	OP VAR	VARIETY YEAR NO. PLANTED ACRES PRODUCTION			PRICE	PRICE NO. ACRES PRODUCTION			NO. ACRES	PRODUCTION	PRICE	
9. Re This off	A. B. marks: cial requ	If cro Own If cas	p share, ind er share of s sh rent, indic made in acco	licate ow spray ma cate \$ rdance w	ner %: iterials: \$ per act	_% re d), of the	Owner Other:		cer: \$	s statement		
estimati	ng the va	alue of	your property	based or	n information in h	nis posse	ession pur		501 of the		and Taxation Coc	
Signatu	ure of o	wner o	r agent	E	Email Address			Date		Phone N	umber	_
APN:					Contract Decem	: 1ber 2014					,	2