

Return this application to:



### Agricultural Use Assessment Application

REVIEW THE ATTACHED INSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FORM. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the name and address of each owner of record or his representative:

Owner: ADAM KATSCHKE Owner: \_\_\_\_\_  
Address: Box 253 Address: \_\_\_\_\_  
City/State/Zip: Caliente NV 89008 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? 120 ACRES  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 012 - 210 - 28

4.) Legal Description: NE 1/4 SW 1/4 + W 1/2 SE 1/4  
SEC 20 T2S R68E

5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes \_\_\_\_\_ No X  
If yes, attach proof of income.

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes 2015.

7.) The agricultural use of the land is (i.e. grazing pasture, cultivated, dairy, etc.)  
WANTS TO Put in Cultivated

8.) Was this property previously assessed as agricultural? No. If yes, when was it assessed as agricultural? \_\_\_\_\_



The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

[Signature]                      Owner                      \_\_\_\_\_                      10/20/15  
Signature of Applicant or Agent      Capacity                      Authority                      Date

Ada Katschke  
Print Name of Applicant or Agent  
PO Box 253 Calmar, NY 89008                      801-592-1056  
Address                      Phone Number

\_\_\_\_\_  
Signature of Applicant or Agent      Capacity                      Authority                      Date

\_\_\_\_\_  
Print Name of Applicant or Agent  
\_\_\_\_\_  
Address                      Phone Number

\_\_\_\_\_  
Signature of Applicant or Agent      Capacity                      Authority                      Date

\_\_\_\_\_  
Print Name of Applicant or Agent  
\_\_\_\_\_  
Address                      Phone Number

Attach additional signatures as necessary.



FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 10-20-15 MTA  
Date Initial
- Property Inspected 11-16-15 MTA  
Date Initial
- Income Records Inspected: \_\_\_\_\_  
Date Initial
- Written Notice of Approval or Denial Sent to Applicant 11-16-15 MTA  
Date Initial
- Application forwarded to Department of Taxation \_\_\_\_\_  
Date Initial
- Department of Taxation returned application \_\_\_\_\_  
Date Initial

Reasons for Approval or Denial and Other Pertinent Comments:

LAND USED FOR GRAZING

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Mark R. Holt  
Signature of Official Processing Application

L.C. ASSESSOR 11-16-15  
Title Date