



00002520201901562470030039

OFFICIAL RECORD
AMY ELMER, RECORDER

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: <u>Collin Bowler</u>	Owner: <u>LeeAnn Bowler</u>
Address: <u>Box 184</u>	Address: <u>Box 184</u>
City/State/Zip: <u>Enterprise, Ut. 84725</u>	City/State/Zip: <u>Enterprise, Ut 84725</u>

2.) What is the size of the subject parcel? 400 AC
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): 014 - 080 - 10

4.) Legal Description: Government Lots 1, 2, 3, And 4 (W 1/2 OF NE 1/4)
(NW 1/4 OF SE 1/4) (SW 1/4 OF SE 1/4) SEC 28 Government Lots 1 and 2
OF SEC 33 Township 5 South Range 71E

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

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

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) _____

8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? 80's - 90's

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.

Collin Bowler owner _____ 4-10-19
 Signature of Applicant or Agent Capacity Authority Date

Collin Bowler
 Print Name of Applicant or Agent
Box 184 Enterprise UT 84725 435-²³¹~~400~~-3029
 Address Phone Number

LeeAnn Bowler partner _____ 4-10-19
 Signature of Applicant or Agent Capacity Authority Date

LeeAnn Bowler
 Print Name of Applicant or Agent
P.O. Box 184 Enterprise UT 84725 435-231-3030
 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 4-24-19 WJA
Date Initial
- Property Inspected 5-15-19 WJA
Date Initial
- Income Records Inspected: _____
Date Initial
- Written Notice of Approval or Denial Sent to Applicant _____
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:

C+L Farm + Cattle won't
HAVE ANY TROUBLE MEETING THE 5,000 REQUIREMENT

Mark R Holt
Signature of Official Processing Application

ASSESSOR 5-15-2019
Title Date