



# Monroe County Soil and Water Conservation District

145 Paul Road, Bldg. 5, Rochester, NY 14624

Phone: (585) 753-7380 • Fax: (585) 753-7374

## Soil Group Worksheet Request Form

**Complete this form for each soil group worksheet requested. Each tax parcel will require a separate worksheet.** A \$40 fee per worksheet must accompany each request. After all forms and payment are received, the District will complete the soils detail and mail the completed worksheet(s) and soil maps to the mailing address you specified below. The District cannot guarantee completion of worksheets by the municipalities March 1<sup>st</sup> deadline for requests received after February 17<sup>th</sup>. Therefore, after this date, you must request an extension from your assessor. However, the RP-305 Form, "Application for Agricultural Assessment" must still be completed and submitted to the assessor. *Note:* Not filling out all the information requested on this form will delay processing.

Landowner's Name: \_\_\_\_\_ Phone # (Day): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Property Address Street: \_\_\_\_\_  
Town: \_\_\_\_\_

Has this parcel been filed before? Y / N If yes, by what name? \_\_\_\_\_

Operator/Renter of Parcel: \_\_\_\_\_ Operator's Phone #: \_\_\_\_\_

Acres of Parcel (as stated on your tax bill): \_\_\_\_\_

Tax Account # of Parcel (as stated on your tax bill): \_\_\_\_\_  
(pattern of xx.xx-x-xx.xx)

Town SWIS Code: \_\_\_\_\_ (six digit # preceding parcel ID #)

**\*\*\* ATTACH AN ACCURATE MAP (TO SCALE) OF THE PARCEL TO THIS REQUEST\*\*\***

**THE MAP MUST IDENTIFY THE PROJECT LOCATION, PARCEL BOUNDARIES, AND NEAREST ROADWAYS.  
A COPY OF YOUR PARCEL TAX MAP IS ACCEPTABLE.**

### **YOU MUST PROVIDE THE APPROXIMATE ACRES OF LAND IN EACH CATEGORY:**

- \_\_\_\_\_ Agricultural
  - Must have minimum of 2 year cropping history
  - Includes crop land, hedgerows, support land
- \_\_\_\_\_ Farm woodland
  - Produces timber or fire wood
- \_\_\_\_\_ Non-agricultural land
  - Includes brush areas, idle land, lawns, house, etc.

I hereby grant permission to the MCSWCD to gain access to the Farm Service Agency Tract Map information for use in completing this request if needed. *These maps do not replace the Parcel Tax Map requested above.*

\_\_\_\_\_  
Signature of Landowner

### **..... For Office Use Only .....**

Is there an up-to-date Tier 1/5A completed? Yes / No

Date Request Received: \_\_\_\_\_ \$40 fee paid: Cash / Check (#) \_\_\_\_\_

Date Request Completed: \_\_\_\_\_ Date Request Sent: \_\_\_\_\_

Request Completed By: \_\_\_\_\_