



Monroe County Soil and Water Conservation District

145 Paul Road, Bldg. 5, Rochester, NY 14624
Phone: (585) 753-7380 • Fax: (585) 324-1460

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 1st deadline for requests received after February 17th. 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: _____

Mailing Address: _____
Street City State Zip Code

Email: _____

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 WITH AGRICULTURAL AREAS MARKED (TO SCALE) OF THE PARCEL TO THIS REQUEST*****

THE MAP MUST IDENTIFY THE SITE 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 /Credit Card/ Check (#): _____

Date Request Completed: _____ Date Request Sent: _____

Request Completed By: _____

SGWR-10/2018