4	Application For Special Assessment Opt Onzoned Farm Land	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	And Additional Tax Deferral as Provided by ORS 308.370 to 308.395  An application must be filed On or Before April 1 of EACH Year  Filed with the County Assessor for the 7/-72 Assessment Year	
	ACCT. NOS.  Enter Applicant's Name and Address Below  Enter Applicant's Name and Address Below	
	Filing dote extended days. Allowed Late Fee No.	enled
	I certify that this application was received at  8:50 o'clock A M. on May 19 , 19.7  and duly recorded by me in the Klamach	
	County Record of Deeds, Book/Vol. H71 Rage 1502  Hn. D. M11ne  County Clerk or Recorder By County Deputy	
	Code Number Account Number Acres Complete Only If Account Number Does Not Describe Proper Deed or Inst. No. Section Twp. Rg	
	126 - 137   126 - 137   136	
	Name the owners of record if different than applicant:	
	A. What is the ownership interest of the applicant(s) in the above-described property?  Fee Owner Life Estate Contract Purchaser Other (explain)  B. Are there any outstanding leases or options to buy the surface rights of the above described by the surface rights.	
	C. What was the gross farm income from the above-described land for each of the 5 calendar years immediately preceding the year of this application? (See General Information, Item 7, over.)  19\$; 19\$; 19\$	
	D. Is all or part of the above-described land farmed by someone other than the undersigned?    Yes   No. (If yes, see General Information, Item 2, over.)	
	ACRES	
	LAND USE This Year Second Prior Year Prior Year Cropland—Irrigated  LIVESTOCK OR MAXIMUM NOMBER POULTRY This Year Year Prior Prior Prior Year (Planned)  Cropland—Irrigated	
	Cropland—Non-Irrigated Farm Woodlot Non-tillable Pasture	
	Other  Total Acres  2. List the major crops grown during the last crop year and the acres of each:	
<u> </u>	WARNING: Unzoned farm land, when specially assessed at farm-use value and later disqualified, becomes liable	
	together with interest at 6%. (See General Information, Item 8, over.)  DECLARATION  I declare under the penalties for false swearing as contained in ORS 305.990(5) that this document, including any and complete statements, has been examined by me and to the best of my knowledge is a true, correct	
	and complete statement.  SIGNATURE X Affirm M Knowledge is a true, correct  SIGNATURE X Affirm M Knowledge is a true, correct	
	X	
	ASSESSOR'S COPY  Month Day Year  ASSESSOR'S COPY	

÷