Application For Special Assessment Of Unzoned Farm Land 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 portal and the filed On or Before April 1 of E \_County Assessor for the Filed with the Camath THIS SPACE FOR ASSESSOR'S USE ONLY Enter Applicant's Name and Address Below Date Received

ATT ATT ATT COUNTY ASSESSOR

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Year I certify that this application was received at and duly recorded by me in the... County Record of Deeds, Book/Vol. 4-7/ milne By Some in Knutson Complete Only if Account Number Does Not Describe Property Applicant's Phone No.: Section Deed or Inst. No. Code Number 46.46 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 land for non-farm use? Yes No 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.) E. Is the above-described land being used and has it been used during the preceding two years as a bona fide farm; that is, for the raising, harvesting and selling of crops to produce a profit in money or for the feeding, breeding, management and sale of livestock to produce a profit in money? 1. Show the farm use of the land by completing the schedules below: LAND USE Cropland-Irrigated Cropland—Non-Irrigated Farm Woodlot Non-tillable Pasture Other 2. List the major crops grown during the last crop year and the acres of each:\_ Pasture **WARNING:** Unzoned farm land, when specially assessed at farm-use value and later disqualified, becomes liable for additional taxes during the last 5 or lesser number of years in which the farm-use assessment was in effect, 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 attached schedules and statements, has been examined by me and to the best of my knowledge is a true, correct and complete statement.

SIGNATURE X OF APPLICANT (S)

Form Approved by Dept. of Revenue, State of Oregon (Rev. 10-69) No. 148R Dunham Ptg. Co., Portland.

ASSESSOR'S COPY