**APPLICATION FOR AGRICULTURAL LAND VALUE ADJUSTMENT**

**FULL PARCEL NUMBER:**

**SECTION: TOWNSHIP: RANGE:**

**PARCEL OWNER NAME:**

**APPLICANT NAME (if different):**

**MAILING ADDRESS:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**REASON FOR ADJUSTMENT (check all that apply):**

FREQUENT FLOODING

SALINITY

ROCK

TREE GROWTH IN WRP

WRP PREVIOUSLY NON-CROPLAND

Submit all required documentation (see back for details).

If more information is needed, the Tax Director’s office will contact you via phone or email.

**(OFFICE USE ONLY)**