APPLICATION FOR AGRICULTURAL USE ASSESSMENT Note: If necessary, attach extra pages. Pursuant to Revada Revised Statutes, Chapter 361A (I) (We), FRED FULSTONE JR (Please print or type the name of each owner of record of his representative.) hereby make application to be granted, on the below described agricultural land, an assessment based upon the agricultural use of this land. (I) (We) understand that if this application is approved, it will be recorded and become a public record. This agricultural land consists of 195 acres, is located in Douglas37-070 - 22-4 Revada and is described as (Assessor's Roll or Parcel Number(s)) Keyline. Description TAX Bill (I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$2.500 or more. Yes X No ____. If yes, attach proof of income. If yes, attach proof of income. No APPROX 1948 (I) (Ne) have ouncd the land since (I) (iie) have used it for agricultural purposes since

| GRAZING | 1776 |
| The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.)
| Grazing | G Was the property previously assessed as agricultural? Is so, when? When deeded f the land was not previously classified as agricultural, how is it now being prepared to qualify for cultural assessment? the only Unen did preparation begin to convert property to agricultural use? USE. 11 has had Will the projected income on this property be \$2,500 or more? VCS

If yes, describe the projected operation and include projected/income calculation. Conjuction 11/1/11 CUR Shrep the Income and the When in the Full (I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority, and attach written proof of his authority.) 7/15/84 Signature of Applicant 702-465 2381 Adcress Phone liumber P.C. BOX 12 mith. Signature of Applicant or Agent Pate

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Date

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Signature of Applicant or Agent

Signature of Applicant or Agent

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Date application received Tate property inspected (If applicable) NA Initial) Date income records inspected (If applicable) Approved V Denied ___ Initial) Written notice of approval or denial sent to applicant. (Date) (Initial) If approved, application recorded (Date) (Initial) Department of Taxation: Application returned to assessor for valuation and entry on the roll (Date) (Initial) Reasons for approval or denial and other pertinent comments:

or Department Employee Processing Application)

(Title)

1984

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DEPARTMENT OF TAXATION

