

Request for Soil Group Worksheet (for Agricultural Assessment)

Please supply the following information:

Today's date: _____ New or Revised Worksheet? _____

Parcel owner's name: _____

Parcel owner's address: _____

Contact person and phone # or email: _____

Parcel Tax ID #: _____

Ag District #: _____ Acres: _____ SWIS: _____

Township where property is located: _____

Amount of non-agricultural land in acres (house and yard acreage, gravel pit, sand pit, air strip, golf course, etc.): _____

This completed form may be emailed to robert.kalbfliesh@ny.nacdnet.net, or mailed to Washington County SWCD, 2530 State Route 40, Greenwich, NY 12834

For SWCD Use Only

Fee Schedule:

- \$35.00/parcel: November 1st to March 1st
- \$50.00/parcel: March 2nd to October 31st

Amount Due: _____ Amount Paid: _____

Date Paid: _____ Cash: _____ Check #: _____

SWCD Representative: _____