

APN: _____

AsrWeb

If this report covers more than one parcel number please list additional parcels here: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Location of Property: _____
(if different than the mailing address provided above)

2018

PLEASE ANSWER EACH QUESTION. Please Return by 3/1/2019. Attach extra sheets if needed.

1. Please check the current use(s) occurring on this property and the **acreage** of each.
 Irrigated Land _____ Grazing _____ Orchard _____ Vineyard _____ Dryland _____ Home Site _____
 Other (describe) _____

2. Owner/Landlord Expenses. List any costs to the owner/landlord.
Irrigation Water Yes No \$ _____ acre/year
Reclamation District Assessment Yes No \$ _____ acre/year District # _____
Other (describe) _____ Yes No \$ _____ acre/year

3. Please indicate type(s) of irrigation system and estimate the number of acres if more than one system.
 Furrow/ditch _____ Pipeline/w Drip Tape _____ Permanent Set _____ Drip _____ Other _____

4. If buildings, trellising, permanent irrigation systems, pumps, pipelines, etc. have been added or removed since last December 31, describe **item**, give **cost** and **date** added or removed: _____

5. State Law requires that we include all income into the Williamson Act calculation. Please report all income from the following:

Any Financial Assistance – (Type)	Gross Annual Income	Total Acres	Length of Lease
Hunting Leases	\$ _____	_____	From _____ To _____
FSA Conservation / CRP	\$ _____	_____	From _____ To _____
Mitigation / Clean Air Credits	\$ _____	_____	From _____ To _____
Sale of Water	\$ _____	_____ Acre feet	From _____ To _____
Any Other Income _____ Acres	\$ _____ (explain)	_____	_____

6. Fill in to the best of your knowledge.
If you rent your land please provide-
A: Name of Tenant _____ Address _____ Phone # _____
B: Length of lease from _____ to _____
C. Is the Rent based upon Crop Share or Cash Rent?
If Cash Rent, what is the total annual cash rent to the owner for most recent year \$ _____ total \$ _____ per acre
D: Number of net farmable acres rented or leased: _____ Farmable acres NOT rented or leased: _____

Everyone Please fill in Crop History -

E. CROP HISTORY for **2018** (complete applicable portions): **2017** if you have not previously reported
Income basis: Gross Income Landlord's Share of Income

CROP	YEAR PLANTED	MOST RECENT YEAR 2018				2017			
		NO ACRES	TOTAL PRODUCTION PER ACRE	%SHARE RENT	TOTAL INCOME	NO ACRES	TOTAL PRODUCTION PER ACRE	%SHARE RENT	TOTAL INCOME

Please complete the other side of this form.

7. If trees or vines were planted or removed before **December 31, 2018**, please complete the following:

Species	Variety	No. Acres	Interplants	New Plants	Plants Removed	Date

8. If orchard or vineyard is rented, please state terms of the agreement (ie. Term, amount or %, landlord's expenses).

9. Grazing information- Fill In to the best of your knowledge.

- A. Type of Livestock: _____ Cow-calf, _____ Stocker-feeder, _____ Sheep, _____ Dairy, _____ (Other) _____
- B. Number of Acres Rented _____ Dates of Current Lease From _____ to _____.
- C. Number of Livestock _____. AUM _____ Months _____.
- D. Rent amounts, \$ _____ Gross, \$ _____/Ac, \$ _____/AUM, \$ _____/share _____%
- E. Please describe structures, if any, included in rent _____

10. List the actual total production per acre for trees & vines and the average price received for each Block for **2018** crop (If almonds, use meat pounds per acre). Did you receive a cash rent while there was no production? _____\$/Acre

CROP (indicate interplants)	VARIETY	Year Planted	NO ACRES	TOTAL PRODUCTION PER ACRE	INCOME	NO ACRES	TOTAL PRODUCTION PER ACRE	INCOME	NO ACRES	TOTAL PRODUCTION PER ACRE	INCOME

11. Please include any additional information you feel may help us make a fair assessment of your property:

I certify (or declare) under penalty of perjury under the laws of the State of California, that this statement, including any accompanying documentation, is true and correct, and that it is complete to the best of my knowledge and belief.

Printed name of Owner or Agent

Title (if agent)

(_____) _____
Daytime Phone (8AM-5PM)

Signature of Owner or Agent

Date

Email Address

ONCE COMPLETED, RETURN FORM TO:	YOLO COUNTY ASSESSOR: 625 Court St, Rm.104, Woodland, CA 95695-3490	FAX: (530) 666-8213 Attn: DEBBIE EMAIL: YoloAssessor_3@yolocounty.org
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