

# FARMLAND PRESERVATION PLAN PARTICIPATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TAX PARCEL NUMBER(S): \_\_\_\_\_

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I HAVE BEEN INFORMED OF ALL REQUIREMENTS OF THE STATE OF WISCONSIN'S  
FARMLAND PRESERVATION PROGRAM, AND HEREBY REQUEST PLACEMENT OF THE  
ABOVE LISTED TAX PARCEL(S) IN THE WINNEBAGO COUNTY FARMLAND  
PRESERVATION PLAN.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_