

**Central Valley Farmland Trust**  
8788 Elk Grove Blvd., Building 1, Suite I, Elk Grove, CA 95624  
(916) 687-3178 phone - - - (916) 685-1041 fax  
www.valleyfarmland.org

***Agricultural Conservation Easement Application***

***Landowner Information:***

Name of applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

Legal owner(s): \_\_\_\_\_

Ownership structure (e.g., partnership, corporation, trust, tenants in common, etc. Please list names and relationships): \_\_\_\_\_  
\_\_\_\_\_

***Property Description:***

Total acreage: \_\_\_\_\_ Farmable acres: \_\_\_\_\_ Acres to be protected: \_\_\_\_\_

Assessor's Parcel Numbers: \_\_\_\_\_

Designated zoning: \_\_\_\_\_

Physical location: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
\_\_\_\_\_

Distance from nearest city or town: \_\_\_\_\_

Historic uses: \_\_\_\_\_

Current uses: \_\_\_\_\_

Building improvements: \_\_\_\_\_  
\_\_\_\_\_

Source of irrigation water: \_\_\_\_\_

Typical crops grown: \_\_\_\_\_

Current monetary liens? To Who: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Who owns the sand, gravel, oil, gas and mineral rights? \_\_\_\_\_

Williamson Act: Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_

Leased (verbal or written): Yes \_\_\_\_\_ No \_\_\_\_\_ Lessee: \_\_\_\_\_ Term of lease: \_\_\_\_\_

Soil classifications: \_\_\_\_\_

***Safety Hazards, Environmental Concerns, and Prescriptive Rights***

Identify potential safety hazards: \_\_\_\_\_

Identify environmental concerns (i.e., Hazardous waste, leaking underground fuel tanks, buried trash, contaminated underground aquifer, etc.): \_\_\_\_\_

Potential easements and other rights of third parties (i.e., access road used by others): \_\_\_\_\_

Surrounding landowner(s) interest in ACE: Yes \_\_\_\_\_ No \_\_\_\_\_ Names: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please complete and return to the above address or fax number.*