05-570-02	DOC # 0210662
	09/25/2007 11:48 AM
	Official Record Recording requested By EUREKA COUNTY
Return this application to:	Eureka County - NV
Eureka County Assessor	Mike Rebaleati - Recorder
0 South Main Street	Fee: Page 1 of 2 RPTT: Recorded By: LLH
P.O. Box 88	Book- 0463 Page- 0179
Eureka, Nevada 89316	( ) A A THE SEASON AND MALE BROKE BOLLS BOTTLE THREE FRANCES
Phone (775)237-5270	
	0210652
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	This space for Recorder's Use Only
Agricultural Use A	Assessment Application
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Return this application to the Count	ty Assessor's Office at the address shown above upproved, it will be recorded and become a public record.
no later than June 1". 15 this application is a	pproved, it will be recorded and become a public record
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IF MORE SPACE IS NEEDED, PLEASE ATTAC	
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5.) What is the date the property was originally placed in ser agricultural purposes? Nany Years	vice by the owner	rs listed above for		
6.) Was this property previously assessed as agricultural? Ves If yes, when was it assessed as agricultural? Many, Many Mars				
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes Yes No				
8.) Please attach a statement of revenues and expenses relate and include a copy of IRS Form F. Additional documentation assessor.	d to the agricultu a may be requeste	aral use of the land ed by the county		
The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.				
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.				
Signature of Applicant or Agent Capacity	UNON PREPRES	sentative, or Lessee)		
Type or Print Name Authority (i.e. Power of Attorney) Date				
HC65 Box 20 Carlin, Nev. (Pine Valley Address/City/State/Zip	775-754-234 Phone Number	FAX Number		
FOR USE BY THE COUNTY ASSESSOR OR DEP.  Application Received	ARTMENT OF TAXA	ATIO & B		
Property Inspected	·	Initial		
☐ Income Records Inspected:		Initial		
☐ Written Notice of Approval or Denial Sent to Applicant		Initial		
☐ Application forwarded to Department of Taxation	·	Initial		
Department of Taxation returned application		Initial		
Reasons for Approval or Benial and Other Pertinent Comments:	Date 1	Initial		
sanching (gracing, pasture,	Cop produ	12 12 G- 25-07		
Signature of Official Processing Application  Title  Date				
	<del>5/ / -</del>			

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