**(Office use only)**

**Serial #: Change/Revocation Fee: $30.00**

**Date:**

**Initial: Check or Money Order to**

 **Franklin County Cooperative Extension**

**Application for Change in Participation in**

**The Franklin County**

**Voluntary Agricultural District Program**

**A. APPLICANT INFORMATION**

**Name(s):**

**Full Address:**

**Phone: (day) (evening)**

**Email Address:**

**B. PROPERTY INFORMATION**

**Owner(s):**

**Is farm approved for the Land Use Value Taxation Program? \_\_\_\_\_Yes \_\_\_\_\_ No**

**Please list the agricultural commodities that are produced on the farm for which application is being made:**

**The change is as follows:**

 **Withdraw Add Changes**

**Explanation of Change:**

**The changes affect the applicable Property Code #(s) below:**

**Parcel ID # Township Acres**

**Signature of Owner(s): Date:**