

**MONROE COUNTY AGRICULTURAL DISTRICT
ANNUAL ENROLLMENT FORM**

FORMS ACCEPTED: MARCH 1 - MARCH 30, 2024

Applications postmarked or received after the deadline of March 30th will not be accepted.

Application to be completed by landowners who wish to include parcel(s) of predominantly viable agricultural land in a certified New York State Agricultural District.

INSTRUCTIONS (To be completed by landowner)

1. Complete and Sign application.
2. Return to the Monroe County Legislature (address below) by March 30, 2024.

PART I LANDOWNER CONTACT INFORMATION

Name: _____

Phone: _____ Email: _____

Address: _____

City/Town/Village: _____ State: _____ Zip: _____

PART II PROPERTY DESCRIPTION

Please describe the property proposed to be added to the Agricultural District and list the tax map parcel numbers for all parcels that you wish to be included in the Agricultural District Program. Also indicate the town in which they are located. If you are unsure of your tax map parcel numbers, please check with your local assessor. (Attach extra sheets if necessary):

Describe Current Land Use and/or Agricultural Activity/Crop: _____

<u>Tax Map Parcel #</u>	<u>Acres</u>	<u>Town</u>	<u>Tax Map Parcel #</u>	<u>Acres</u>	<u>Town</u>
(Example: 0.12.34-56.7	80 Acres	Penfield)			

PART III SIGNATURE

I attest that the above information is correct to the best of my knowledge and hereby officially request that my property, which is predominantly viable agricultural land (at least 51% prime soils and/or contiguous to the main farm operation), be included in the Agricultural District in which my land is placed. I understand that this is not an application for an agricultural tax assessment. I also acknowledge that this request is subject to a public hearing, action by the Monroe County Legislature and certification by the NYS Department of Agriculture and Markets.

Signature: _____ Date: _____

Landowner

If you have any questions regarding this form, please contact Bob King, Monroe Community College Agriculture and Life Sciences Institute, 292-2065 or rking@monroecc.edu

Please return this form by March 30, 2024 to:

David Grant, Clerk of the Legislature, Room 407, County Office Building
39 West Main Street, Rochester, New York 14614
Or email the form to: dgrant@monroecounty.gov