

## APPLICATION FORM FOR VEGETATIVE FILTER STRIPS

I hereby request the Rock Island County Soil and Water Conservation District certifies that the above described property contains a vegetative filter strip as provided in Section 10-152. If any changes in ownership or conditions of the vegetative filter strip occur, I will notify the Chief County Assessment Officer and the SWCD in writing within 30 days. The real property for which this application is submitted is not, and has not been valued as Other Farmland Property under Section 10-125 of the Property Tax Code (35 ILCS 200/10-125). I state that to the best of my knowledge, the information contained on this application is true, correct and complete and that I understand the requirements for the reduced assessed valuation for which I am applying. I agree to abide by all provisions and requirements relating to this valuation for vegetative filter strip by (35 ILCS 200/10-152).

\_\_\_\_\_

Applicant's Signature Date

Owner of Record: Name: _____ Address: _____ Phone: _____ USDA Tract No. _____ Map Attached? Yes or No	Location of Property: Legal Description: _____ _____ _____ (1/4 section, Section, Township, Range and PM) Property Tax Number _____
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Vegetative Filter Strip Contains Vegetation That:

- |   |     |    |
|---|-----|----|
| 1. Has a dense top growth                               | Yes | No |
| 2. Forms a uniform ground cover                         | Yes | No |
| 3. Has a heavy fibrous root system                      | Yes | No |
| 4. Tolerates pesticides used in the farm field          | Yes | No |
| 5. Conservation plan created and on file in SWCD office | Yes | No |
| 6. Meets NRCS standards & specifications*               | Yes | No |
- Total Acres \_\_\_\_\_ or Square Footage \_\_\_\_\_

SWCD Evaluation Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Rock Island County SWCD Board of Directors Certification Approval:

\_\_\_\_\_ Date: \_\_\_\_\_  
 SWCD Chairperson Signature

\*AISWCD memo of 1/22/98 re: Public Act 90-552