

**Request for Soil Group Worksheet
(for Agricultural Assessment)**

Please supply the following information:

Parcel owner's name: _____

Parcel owner's address: _____

Contact person and telephone #: _____

Parcel Tax ID #: _____

Township where property is located: _____

Amount of non-agricultural land in acres (house and yard acreage, gravel pit, sand pit, air strip, golf course, etc.): _____

**Save this completed form on your computer and then email to laurie.deyoe@ny.nacdnet.net.
Or you may mail the form to Washington County SWCD, 2530 State Route 40, Greenwich, NY 12834,
or fax to 518-692-9942.**

<i>For SWCD Use Only</i>	
Amount Due: _____	
Amount Paid: _____	Date Paid: _____
SWCD Representative: _____	

