LAND CONTROL VERIFICATION

Proof of Land Control

LANDOWNER (OWNER)

Name: _____ Phone: _____

Mailing Address: _____

City / State / ZIP: _____ Email: _____

OPERATOR / TENANT

Name: _____ Phone: _____

Mailing Address: _____

City / State / ZIP: _____ Email: _____

LEASED PREMISES / LAND DESCRIPTION

Field Name	Farm ID	Tract ID	Field ID

Growing Season Start Date: _____ Growing Season End Date: _____

CERTIFICATION

I certify that the information provided above is true and accurate, and that the operator has control of the land described herein. I understand that providing false information may result in penalties as provided by law.

_____ _____

Landowner Signature Operator / Tenant Signature

_____ _____

Date Date

Retain this completed form with the producer's records as documentation of land control.