



# San Miguel County Assessor

Patricia D. Gallegos, County Assessor

## AGRICULTURAL LAND APPLICATION

The burden of demonstrating primary agricultural use is placed on the owner of the land. The burden may be met with objective evidence of a bona fide agricultural use of the land for the year preceding the year in which application is made.

Tax Year: \_\_\_\_\_ Owner's Number: \_\_\_\_\_

School District: \_\_\_\_\_ Map Code: \_\_\_\_\_

*I HEREBY APPLY TO HAVE THE FOLLOWING DESCRIBED LAND VALUED AS LAND USED PRIMARILY FOR AGRICULTURAL PURPOSES PURSUANT TO SECTION 7-36-20 OF THE PROPERTY TAX CODE.*

1) Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ ZIP Code: \_\_\_\_\_

2) Legal Description of Land: \_\_\_\_\_

3) Use of land during the year preceding this year, for which the application is made:

a. Pasture? Yes  No

b. Farming? Yes  No

4) Do you own livestock? Yes  No  If yes, please complete Livestock Owners Report

5) If farmed, complete the following:

a. List crops: \_\_\_\_\_

b. Were crops sold? Yes  No

c. Were crops retained? Yes  No

d. Number of acres of irrigated land: \_\_\_\_\_

e. Number of acres grazed: \_\_\_\_\_ ( MRGCD or Acequia Association )

6) Was land held for speculative land subdivision and sale or was land subdivided? \_\_\_\_\_

7) Was land used for commercial purposes of a non-agricultural nature? Yes  No

8) Was land use for recreation? Yes  No

9) Was land leased? Yes  No  If yes, identify the lessee.

a. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

b. Does the lessee own livestock? Yes  No

c. What was the lessee's use of property? \_\_\_\_\_

*I HEREBY ATTEST THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS ACCURATE. I ALSO AGREE TO PROVIDE TO THE ASSESSOR, UPON A SPECIFIC WRITTEN REQUEST, NEEDED INFORMATION FROM MY FEDERAL INCOME TAX RETURNS FOR THE PURPOSE OF DETERMINING THE INCOME DERIVED FROM THE COMMERCIAL SALE OF AGRICULTURAL PRODUCTS FROM THE ABOVE DESCRIBED LAND.*

\_\_\_\_\_  
SIGNATURE OF OWNER (or AGENT) OF LIVESTOCK

\_\_\_\_\_  
DATE

### ▼FOR OFFICIAL USE ONLY▼

Approval: YES  NO

Comments:

Received  
Verified  
Entered

Assessor Employee:	Date: