

LETTER of INTENT for ENROLLMENT

Date:

Sarah E. Gatti, Planner
Orleans County Department of Planning & Development
14016 Route 31 West
Albion, New York 14411-9382

Dear Ms. Gatti:

I am hereby requesting my parcel(s) of farmland, bearing the following tax identification number(s) be **included** in Orleans County Consolidated Agricultural District No. 1 (District C-1) during the June enrollment period:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Sincerely,

Owner **Sign Name** Above

Owner **Print Name** Above

Owner Mailing Address (**Street Number and Name**) Above

Owner Mailing Address (**City, State, Zip Code**) Above