

LETTER of INTENT for ANNUAL ENROLLMENT

Date:

Corey Winters, Planner
Orleans County Department of Planning & Development
14016 Route 31 West
Albion, New York 14411-9382

Dear Mr. Winters:

I am hereby requesting my parcel(s) of farmland, bearing the following tax identification number(s) be **included** in Agricultural District No. 1 in Orleans County 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

Owner **Phone Number** or **Email Address** Above

Please send completed and signed original form to County – not a photocopy.