

(Office use only)

Serial #: \_\_\_\_\_

Change/Revocation Fee: \$20.00

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

(Check or Money Order to "FCVAD")

**Application for Change in Participation in  
The Franklin County  
Voluntary Agricultural District Program**

**A. APPLICANT INFORMATION**

Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

**B. PROPERTY INFORMATION**

Owner(s): \_\_\_\_\_

Is farm approved for the Land Use Value Taxation Program? \_\_\_ Yes \_\_\_ No

Please list the agricultural commodities that are produced on the farm for which application is being made:

\_\_\_\_\_

The change is as follows:

\_\_\_\_\_ Withdraw                      \_\_\_\_\_ Add                      \_\_\_\_\_ Changes

Explanation of Change:

\_\_\_\_\_

The changes affect the applicable Property Code #(s) below:

<u>Parcel ID #</u>	<u>Township</u>	<u>Acres</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_