

**FARM AND AGRICULTURAL MANAGEMENT PLAN  
FOR PURCHASERS WISHING TO CONTINUE  
CLASSIFICATION IN RCW 84.34**

NAME OF PURCHASER \_\_\_\_\_

NAME OF SELLER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PARCEL(S) NUMBERS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WILL YOU BE USING EIGHTY PERCENT OR MORE OF  
THE CLASSIFIED LAND FOR COMMERCIAL  
FARM/RANCH AND/OR AGRICULTURAL PURPOSES?

YES

NO

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

APPROVAL OR DENIAL WILL BE SENT TO:

AGENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

<b>PLEASE SELECT THE FOLLOWING CATEGORY(S) THAT DESCRIBE(S) WHAT YOUR PRIMARY USE OF THE LAND WILL BE TO CONTINUE QUALIFICATION IN THE FARM AND AG PROGRAM:</b>			
<b>1. RAISING, HARVESTING, AND SELLING LAWFUL CROPS:</b>			
AMOUNT OF ACRAGE USED:	ACRES	CROP TYPES:	
<b>2. FEEDING, BREEDING, MANAGING, AND SELLING LIVESTOCK (POULTRY, FUR-BEARING ANIMALS OR PRODUCTS)</b>			
AMOUNT OF ACRAGE USED:	ACRES	SPECIES:	QUANTATY:
<b>3. DAIRYING OR SELLING OF DAIRY PRODUCTS:</b>			
AMOUNT OF ACRES USED:	ACRES	PRODUCTS SOLD:	
<b>4. EQUESTRIAN RELATED ACTIVITIES:</b>			
AMOUNT OF ACRAGE USED:	ACRES	STABLING:	CLINICS/SCHOOLING:
		GRAZING:	
<b>5. AQUACULTURE:</b>	AMOUNT OF ACRES USED:	ACRES	KIND:
<b>6. HORTICULTURE:</b>	AMOUNT OF ACRES USED:	ACRES	KIND:
<b>7. CRP:</b>	AMOUNT OF ACRES USED:	ACRES	EXP. DATE OF LEASE

<b>WHAT ARE YOUR COMMERCIAL FARM GOALS AND OBJECTIVES FOR THE NEXT FIVE YEARS?</b>	
2016	
2017	
2018	
2019	
2020	
YOU MAY ATTACH ANOTHER SHEET OF PAPER FOR THE ABOVE INFORMATION	

PLEASE ESTIMATE YOUR GROSS COMMERCIAL FARM INCOME FOR THE NEXT FIVE YEARS

2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_

PROOF OF GROSS COMMERCIAL FARM INCOME WILL BE REQUIRED FOR 3 OF 5 YEARS

WHO WILL BE FARMING YOUR PROPERTY?  
 OWNER       CUSTOM FARMED       SHARE CROP       LEASE/RENT

IF FARMED BY SOMEONE OTHER THAN THE OWNER, THE FOLLOWING INFORMATION IS REQUIRED  
TERMS OF AGREEMENT MUST BE ATTACHED

NAME \_\_\_\_\_

LENGTH OF AGREEMENT:

ADDRESS \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNATURE OF LEASEE/CUSTOM FARMER/SHARE CROPPER \_\_\_\_\_

DO YOU OWN FARM EQUIPMENT THAT IS LOCATED IN KLINKITAT COUNTY?  YES  NO

DO YOU REPORT YOUR PERSONAL PROPERTY TO KLINKITAT COUNTY?  YES  NO

WILL YOU BE BRINGING ANY FARM EQUIPMENT INTO KLINKITAT COUNTY?  YES  NO

IF YES, APPROXIMATE DATE: \_\_\_\_\_

(ALL FARM EQUIPMENT INCLUDING IRRIGATION IS TAXABLE. THIS INCLUDES HOBBY FARMS, PERSONAL USE AND COMMERCIAL FARM EQUIPMENT)

WHAT PORTION, IF ANY OF THE PARCEL IS FENCED? \_\_\_\_\_

IF FENCED, WHO MAINTAINS THE FENCE?  OWNER  LEASEE  OTHER

LIST ANY OTHER INCIDENTAL USE WHEATHER THEY RELATE TO FARMING/RANCHING USE OR NOT: \_\_\_\_\_

IN THE FOLLOWING AREA PLEASE DRAW A MAP SHOWING THE LAYOUT OF YOUR PARCEL SUCH AS BUILDINGS, PRODUCTION AREA, ROADS, PONDS, FENCES, ETC...



I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE BE SURE TO FILL OUT THE ENTIRE FORM. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT COMPLETING THIS FORM, PLEASE DO NOT HESITATE TO CONTACT US. COMPLETE PLAN SHOULD BE RETURNED TO:

KLINKITAT COUNTY ASSESSOR'S OFFICE  
KACIE CHAMBERS  
205 S. COLUMBUS ROOM 200  
GOLDENDALE, WA 98620

CONTACT INFORMATION: PHONE: (509) 773-3715 OR (509) 773-2306  
FAX: (509) 773-6397

INCOMPLETE PLANS WILL BE RETURNED TO YOU FOR COMPLETION