



Bradford County Conservation District
Stoll Natural Resource Center
200 Lake Road, Suite E
Towanda, PA 18848
Telephone (570)265-5539 Ext. 6

FOR OFFICE USE ONLY
Priority _____
Cooperator # _____
Staff Contact _____

REQUEST FOR CONSERVATION DISTRICT ASSISTANCE

Please complete the appropriate sections to assist the Conservation District in setting a priority for your request.

The undersigned requests assistance from the Bradford County Conservation District with the following items

Name of Farm: _____

Applicant Name: _____ Cell Phone _____

Township: _____ County: _____ Home Phone: _____

Address: _____

Email: _____

Would you like to receive email updates and announcements from us? Yes No
(Contact Information will remain confidential)

Information for locating the property: _____

Notes: _____

Assistance desired (Check all that apply)

- Educational Information _____
- Conservation Planning _____
- Nutrient Management /Manure Management Planning _____
- Site Assessment _____
- Survey and /or Design _____
- Funding Opportunities _____
- Other _____

Type of Land Use or Farm (Check all that apply)

Beef Dairy Swine Veal Poultry Equine Grazing No-Till

Cash Crop Vegetable Other (Please Specify) _____

Major Crop's _____

Acreage Information

_____ Acres Owned

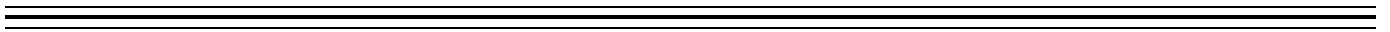
_____ Total Tillable Acres (pasture, hay, crop)

_____ Woodland Acres

Cooperator Agreement

It is agreed that I/we will cooperate with the conservation district and its cooperating agencies and make every reasonable effort within the limits of my/our abilities to follow the principles of sound resource management. This agreement may be terminated upon written notice by the applicant or the conservation district.

Signature: _____ Title: _____ Date: _____



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Category of Assistance Desired (Check all that apply)

Agricultural

Stream

Dirt & Gravel Road

Other

DISTRICT APPROVAL AND PRIORITY

This request has been approved by the Bradford County Conservation District. The District agrees to provide technical assistance within their authority, policies and resources.

Signature: _____ Title: _____ Date: _____