



**OFFICE OF THE HARDING COUNTY ASSESSOR**

P.O. BOX 1002/35 PINE STREET

MOSQUERO, NM 87733

PHONE (575)673-2926

phillip.trujillo@hardingcounty.org

**AGRICULTURAL LAND APPLICATION**

The burden of demonstrating primary agricultural use is placed on the owner of the land. This burden may be met with objective evidence of a bona fide agricultural use of the land for the year in which application is made.

I hereby apply to have the following described land valued as land used primarily for agricultural purposes pursuant to Section 7-36-20 of the Property Tax Code.

TAX YEAR \_\_\_\_\_

OWNER # \_\_\_\_\_

Email address \_\_\_\_\_

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. LEGAL DESCRIPTION OF LAND \_\_\_\_\_

3. Use of land during the year, for which the application is made.

A) Grazing? Yes \_\_\_\_\_ No \_\_\_\_\_ B) Number of Acres Grazed? \_\_\_\_\_

4. Do you own livestock? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please complete the Livestock Owner's Report.*

5. If farmed, complete the following:

A) List crops: \_\_\_\_\_

B) Were crops retained? Yes \_\_\_\_\_ No \_\_\_\_\_ C) No. of acres irrigated land \_\_\_\_\_

6. Is land currently in CRP and for how many years? \_\_\_\_\_

7. Is land leased? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list lessee below:**

A) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

B) Does the lessee own livestock? Yes \_\_\_\_\_ No \_\_\_\_\_

C) Does lessee use the property for farming or irrigation? \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE TO PROVIDE TO THE ASSESSOR, UPON HIS SPECIFIC WRITTEN REQUEST, SPECIFIC INFORMATION FROM MY FEDERAL INCOME TAX RETURNS FOR THE PURPOSE OF DETERMINING THE INCOME DERIVED FROM THE ABOVE DESCRIBED LANDS FROM THE COMMERCIAL SALE OF AGRICULTURAL PRODUCTS.

X \_\_\_\_\_ (SIGNATURE OF OWNER OR AGENT) \_\_\_\_\_ (TELEPHONE NUMBER) \_\_\_\_\_ (DATE)

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APPROVAL: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_