



SANDOVAL COUNTY COURTHOUSE
 P.O. BOX 40 • BERNALILLO, NEW MEXICO 87004
 (505) 867-7562 • FAX (505) 867-7596

OFFICE OF THE SANDOVAL COUNTY ASSESSOR

Sandoval County Assessor

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 preceding the year in which application is made.

TAX YEAR _____

OWNER # _____

UPC # _____

SCHOOL DISTRICT _____

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.

1. NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

2. LEGAL DESCRIPTION OF LAND _____

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

a) Pasture? YES NO b) Farming? YES NO

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 sold? YES NO

c) Were crops retained? YES NO d) No. of acres of irrigated land: _____

e) No. of acres grazed: _____ (MRGCD or Acequia Association)

6. Was land held for speculative land subdivision and sale or was land subdivided? _____

7. Was land used for commercial purposes of a non-agricultural nature? _____

8. Was land used for recreation? _____

9. Was land leased? YES NO If yes, who was the lessee?

a) NAME _____ PHONE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

b) Does the lessee own livestock? YES NO

c) What was the lessee's use of the property? _____

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)

FOR OFFICIAL USE ONLY

APPROVAL: YES _____ NO _____ Date Received: _____

Comments: _____

FILLED
ENTERED
VERIFIED
CARD CHANGED

BY	DATE		
	MO.	DAY	YR.