<u>Certification of Vegetative Filter Strip</u>

General Information

Complete this form if you are requesting that a portion of your land be assessed as a vegetative filter strip. You must file this form with the Chief County Assessment Officer of the county where the property is located. The effective date of the legislation that creates the assessment provision for a vegetative filter is January 1, 1997. Assessment as a vegetative filter strip begins in the first assessment year after 1996, for which the property is in an approved vegetative filter strip use on the annual assessment date of January 1. For example, land that is in a vegetative filter strip during a portion of 1996, and is certified by the Soil and Water Conservation District (SWCD) as being in an approved status on January 1, 1997, is eligible for assessment as a vegetative filter strip for the 1997 assessment year.

- Your county's SWCD must complete Part 1
- You must complete Part 2

	You must complete Part 2	CULCD				
	Certification by the County Identify the location of the vegetati					
1. Part o		-				
1 411 0	of Fractional Quarter Quarter	Section	Township	Range	P.M.	County
2.	Property index number:					
3.	USDA Tract number:					
4.	Vegetative filter strip plan number					
5.	Provide the vegetative filter strip information requested below: Acres or Square Feet (round to the nearest tenth)					
6.	Attach a map of the vegetative filter strip. The map must be a minimum scale of one-inch per 660 feet. The borders of th vegetative filter strip must be clearly depicted by outlining or highlighting the vegetative filter strip area on the map. Because the accuracy of the assessment will depend on the quality of the map, this form will not be processed unless an adequate map is attached. \Box Map Attached.					
7.	The property described in this section meets all requirements under Section 10-152 of the Property Tax Code (35 IL 200/10-152). The property was in approved vegetative filter strip use on January 1,					
	Evaluation prepared by:					
	Evaluation prepared by: Technician's signature					Date
8.	SWCD Board of Directors of		County	certification	approval.	
	SWCD Chairperson's signat	ure				Date
art 2:	Applicant Information					
1.	Name					
	Address		_			
	Phone Number:		-			
2.	Read the following statement and s	ign below:				

Upon approval from the county SWCD, I request that the land in the vegetative filter strip identified in Part 1 be assessed for property tax purposes under Section 10-152. I will notify the Chief County Assessment Officer and the SWCD, in writing, within 30 days, if any changes in ownership or conditions of the vegetative filter strip occur. I acknowledge that it is my responsibility to file this form and accompanying map from the county SWCD with the Chief County Assessment Officer.