Kent B. Christensen
Merced County Assessor

WILLIAMSON ACT INCOME AND PRODUCTION QUESTIONNAIRE

2222 M Street Phone: (209) 385-7631
Merced, CA 95340 Fax: (209) 725-3956

CONTRACT NO.
PARCEL NO.

NAME: _____

ADDRESS: _____

_____

OFFICIAL REQUEST

This official request is made in accordance with Section 441 of the Revenue and Taxation Code. This statement must be completed according to instructions and filed with the Assessor

Failure to file this statement, when requested, may result in county initiated non-renewal.

This statement is not a public document. The information contained herein will be held secret by the Assessor (Sec. 451, Rev & Tax Code): it can be disclosed only to the district attorney, grand jury, and other agencies specified in Sec. 408 of the Rev. & Tax Code. Attached schedules are considered to be part of the statement.

CONFIDENTIAL CONFIDENTIAL

Dear Property Owner:

Please use a separate form for each parcel you are putting under contract. You may make copies or ask for additional forms.

As you know, the law requires the Assessor to review all Williamson Act properties each year on the basis of earning ability. To do this, it is necessary that we annually obtain current data on income, rentals, expenses and production for the particular type of operation involved. Your cooperation is requested by furnishing this data on the above described parcel. Please complete this questionnaire and return it with the rest of the forms in the packet.

If you have any questions concerning the form or the Williamson Act, please telephone (209) 385-7631. Thank you for your cooperation.

PLEASE ANSWER EACH QUESTION. If a question does not apply, indicate "N/A" (Not Applicable). Where necessary, attach schedules or lists to explain any answer in further detail. Remarks may be entered on the back of this form.

1. Please check the current use(s) occurring on this property and the acreage of each.

A. ☐ Orchard ..... no. acres:_____ ☐ Homesite..... no. acres:_____
☐ Vineyard..... no. acres:_____ ☐ Dairy..... no. of cows milked:_____
☐ Other Irrigated Land..... no. acres:_____ ☐ Dairy Site..... no. acres:_____
☐ Dry Land..... no. acres:_____ ☐ Poultry..... no. of birds:_____
☐ Other (describe)_____ ☐ Poultry..... no. acres: _____

2. Do you lease or rent all or any portion of this property? ☐ Yes ☐ No **If yes, please answer the following for the past crop year:**

A. Name of tenant_____ Address_____

B. Number of acres rented or leased_____

C. Length of lease: From _____, _____ to _____, _____.
(month) (year) (month) (year)

D. Is rent based upon: ☐ Crop share, or ☐ Cash amount per acre.

*E. Total annual rent per acre to owner for most recent year $*_____

*F. If rental is based on crop share, show share percentage*_____

G. Does landowner pay the following expenses?

Irrigation water: ☐ Yes ☐ No $ _____ per acre year.
Improvement Dist. Assessment: ☐ Yes ☐ No $_____ per year.
Insurance (deduct owner's home) ☐ Yes ☐ No
Fence/structure expense: ☐ Yes ☐ No
Real property taxes: ☐ Yes ☐ No
Pump/pipeline expense: ☐ Yes ☐ No

H. Does rent include structural improvements? ☐ Yes ☐ No If yes, please indicate annual rent allocated to the following, if known

☐ Residence $_____ ☐ Dairy $_____ ☐ Other_____ $ _____
☐ Irrigation Pump ☐ Pipeline ☐ Sprinklers

3. If you are an owner-operator, give us your best estimate of the rent per acre which you could receive _____

4. Please indicate type(s) of irrigation system and estimate number of acres if more than one system.

☐ Dirt Ditch _____ ☐ Concrete Ditch _____ ☐ Concrete Pipeline_____ ☐ Permanent Set _____ ☐ Pull Hose _____
☐ Drip _____ ☐ Micro Sprinklers _____ ☐ PVC _____ ☐ Other (describe)_____

5. If income from subjected property is derived from any non-farming activity, please answer the following:

A. Source ☐ Oil or Gas Rights ☐ Hunting rights ☐ Recreational ☐ Quarrying ☐ Mining ☐ CRP
☐ Tower ☐ Other (explain)_____

B. Gross income per acre per year for each source:

Source:_____ $_____ Length of lease: From_____, _____ to _____, _____.
(month) (year) (month) (year)

Source:_____ $_____ Length of lease: From_____, _____ to _____, _____.
(month) (year) (month) (year)

Source:_____ $_____ Length of lease: From_____, _____ to _____, _____.
(month) (year) (month) (year)

Source:_____ $_____ Length of lease: From_____, _____ to _____, _____.
(month) (year) (month) (year)

6. If production is either more or less than what would be considered "typical" for the area, would you please explain.

_____
_____
_____

7. Please indicate any additional information you feel may help us make a fair assessment of your property.

_____
_____
_____
_____

I certify (or declare) under penalty of perjury under the Laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

Signed in_____ California, this _____ day of _____, _____
(month) (year)

_____ _____ _____
Signature of Owner, or Corporate Officer Title, if Corporate Officer/Partner Telephone Number (8am-5pm)

RANGELAND

A. **Rangeland Production:** Number of Acres_____ Estimated Carrying Capacity _____ Acres/animal unit

B. **Rental Data:**
Was any portion of the ranch leased or rented for grazing within the past year?
Yes _____ No_____ **(If "No" go to "C")**
Rental for grazing: $_____ per acre, $_____ per head, $_____ per animal unit
Total cash rent $_____ Other_____
Please show five year income rental history: Current_____ 2008 _____ 2007 _____
2006 _____ 2005 _____
Date current rent was negotiated _____ Length of Lease:_____ years
Name of tenant_____ Phone:_____
Lease terms_____
Does the lease include a house? Yes _____ No_____
If yes, do you require extra rent? Yes _____ No_____ How much per year?_____

C. **Number of Animals and Months Grazed:**

KIND	Number	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL DAYS
Example: COWS	**50**	**1**	→	→	→	**15**						**15**	→ **31**	**182**
Bulls														
Cows														
Cows w/ calves														
Replacement Heifers														
Stockers														
Stockers:	Weight in:_____		Weight out: _____											
Sheep:														

Please check months on supplemental feed and percent of feed that was from supplemental sources:

Item	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Months on Suppl. Feed												
Percent Supplemental*												

***** Your best estimate – 10%, 25%, 50%, 75%, etc.
What and how much was fed per day (or week, month)?_____
_____

D. **For Landlords Only:**
As the owner, how much did you spend for the following during the past year?

	Landlord Expense
Taxes	$_____
Insurance	$_____
Fence, Road Repairs	$_____
Water Supply Maint./Development	$_____
Building Maintenance	$_____
Range Renovation, Fertilizer	$_____
Other (list)_____	$_____
_____	$_____
_____	$_____
TOTAL	$_____

Does the insurance expense include the owner's home? Yes _____ No_____
If yes, estimate the expense for the home insurance: $_____