PRINTED - ??/??/????

SEQUENCE - ??????? ARE THERE ANY CHANGES TO THIS PARCEL? YES_____ NO _____ PARCEL PAGE - ??

(CHECK APPROPRIATE CHOICE)

ALMOND, AND GRAPE ACREAGE SURVEY COUNTY - ????/????????

PARCEL - ???

NUMBER - ???

OPERATOR ??????? OD ?? PS ?? AS?? OWNER ??????? OD ?? PS ?? AS??

NAME
ADDRESS 1
CITY/STATE/ZIP
PHONE

NAME
ADDRESS 1
CITY/STATE/ZIP
PHONE

SEC	TWP	RNG	PARCEL NAME	APN	PARCEL ACRES	CD
???	???	???	Operator given name	????	???.?	??

PARCEL LOCATION
????????????????????????????????

APN4

COUNTY AG COMMISSIONER'S PESTICIDE PERMIT NUMBER: ??????? ACTIVITY ??????

BK	SB	CRP	VAR	CROP NAME	VARIETY NAME	YEAR	SYS	SPACING	TREE/VINE	ACRES	ABAN	OM
??	??	???	???	??????	???????????	????	???	?????	??????	?????	???	??
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ARE THERE ANY NEW OR ADDITIONAL PLANTINGS ON THIS PARCEL? YES___ NO___ - IF YES, SPECIFY ABOVE
DID YOU PULL ANY TREES OR VINES FROM THIS PARCEL? YES___ NO___ - IF YES, SPECIFY ABOVE

OMB Control Number 0535-0039 Expiration Date: XX/XX/XXXX

EXAMPLE