

SEQUENCE - ????????

ARE THERE ANY CHANGES TO THIS PARCEL? YES _____ NO _____
(CHECK APPROPRIATE CHOICE)

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

PARCEL PAGE - ??

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