

FORM 7-21 FARMOP 2024

DECLARATION OF FARM OPERATOR INFORMATION For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

Districts must complete the "District Name" and "Date Received" boxes.

District Name:

DATE RECEIVED:

BUREAU OF RECLAMATION

Do not use this form after December 31, 2024. It is important that you read the separate instructions that accompany this form before completing it. If you did not receive these instructions, please contact your district office. Type or print in ink. Date and initial crossouts and corrections. Visit www.usbr.gov/rra for more information.

FARM OPERATOR INFORMATION

1. Farm operator or part owner name:

2(a). Farm operator type (check one):
 Individual Part Owner Joint Tenancy or Tenancy-in-common
 Corporation Partnership Other: _____

2(b). If you checked "Other" in item 2(a), how is your entity taxed by the Internal Revenue Service (check one box):
 As a corporation As a partnership

3(a). Farm operator's street address or rural route number, city, state, and zip code: _____
 3(b). Mailing address if different from street address: _____

4 (a). Telephone number where questions can be directed: ()
 4(b). Contact person: _____

5. Name of state(s) or country(ies) where farm operator is established or registered (if applicable): _____

6. Employer Identification Number (EIN): _____

LAND FOR WHICH THE FARM OPERATOR PROVIDES SERVICES

List all irrigable and/or irrigation land parcels westwide for which you provide services that are held in a trust or held by a legal entity. Include land for which your wholly owned subsidiary(ies) provide(s) services. For additional space, use page 2 of this form.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s) <small>(There is space to list multiple land parcels if they all [1] are held by the same landholder, [2] are in the same district, and [3] receive the same farm operating services).</small>	(c) Services Provided for Each Parcel	(d) Identification of the Legal Entity or Trust for Whom Services are Provided	(e) Number of Acres
			Name: _____	
			Address: _____	
			Telephone: _____	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify): _____			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify): _____			
			Name: _____	
			Address: _____	
			Telephone: _____	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify): _____			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify): _____			

8. TOTAL NUMBER OF ACRES LISTED ON THIS PAGE FOR WHICH YOU PROVIDE SERVICES

9. FARM OPERATOR'S NAME:

10. LAND FOR WHICH THE FARM OPERATOR PROVIDES SERVICES
 Continue listing, as necessary, all irrigable and/or irrigation land parcels westwide for which you provide services that are held in a trust or held by a legal entity. Include land for which your wholly owned subsidiary(ies) provide(s) services. For additional space, use attachments.

(a) District Name	(b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s) <small>(There is space to list multiple land parcels if they all [1] are held by the same landholder, [2] are in the same district, and [3] receive the same farm operating services.)</small>	(c) Services Provided for Each Parcel	(d) Identification of the Legal Entity or Trust for Whom Services are Provided	(e) Number of Acres
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
			Name:	
			Address:	
			Telephone:	
	(f) Who decides when services should be provided? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			
	(g) Who decides what will be done on the land parcels on a daily basis? <input type="checkbox"/> Self <input type="checkbox"/> Landholder <input type="checkbox"/> Other (please specify):			

11. TOTAL NUMBER OF ACRES LISTED ON THIS PAGE FOR WHICH YOU PROVIDE SERVICES

