



Union County

ASSESSOR'S OFFICE

200 Court Street / P.O. Box 430
Clayton, New Mexico 88415
Phone: (575) 374-9441 / Fax: 575-374-2763
Website: unionnm.us

APPLICATION FOR VALUATION AS AGRICULTURAL LAND

Property Owner's Name: _____ Owner Number: _____

Address: _____ Phone Number: _____

I hereby apply to have the following described land valued as land used primarily for agricultural purposes pursuant to Section 7-36-20 of the Property Tax Code

Description of land or attach Assessor's list if more than one parcel: (If an Assessor's list is needed please feel free to call and one will be provided): _____

Use of land for which the application is made:

Grazing: Yes _____ No _____ Acreage Used for Grazing: _____

Is this land grazed by livestock you own? Yes _____ No _____

If yes, **please fill out attached Livestock Schedule C**. If no, whose livestock grazes this land?

Name: _____ Address: _____

Phone Number: _____

Irrigated: Yes _____ No _____ Acreage Used for Irrigated: _____

If yes, what type of Irrigation system, and crop is being produced on the land?

Dry Farm: Yes _____ No _____ Acreage Used for Dry Farm: _____

Is land currently in CRP? If yes, Start Date _____ End Date _____

I HEREBY AFFIRM THAT I AM THE OWNER OF THE LAND AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I DO SO UNDER PAINS AND PENALTIES OF PERJURY.

I AGREE TO PROVIDE THE ASSESSOR, ANY INFORMATION DEEMED NECESSARY TO PROVIDE PROOF OF USE OF THIS LAND.

Signature of Owner or Owner's Authorized Agent: _____ Date: _____

Union County Assessor

P.O. BOX 430
CLAYTON, NM 88415
www.unionnm.us

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LAND OWNER LIVESTOCK SCHEDULE C REPORT

CODE	CATTLE	NUMBER OF HD.	MONTHS in county	CODE	GOATS	NUMBER OF HD.	MONTHS in county	CODE	BISON	NUMBER OF HD.	MONTHS in county
411	BULLS			731	BUCK			911	BULL		
421	COWS			741	MILK			921	COW 3 UP		
431	HEIFERS			751	OTHER			931	HEIFER 1-3		
441	HFR. CLVS.			CODE	SHEEP	NUMBER OF HD.	MONTHS in county	941	HFR CLV.		
451	STR. CLVS.							951	BULL CLV.		
461	YRLNS.										
811	HORSES										
				611	RAMS						
				621	EWES 2+						
				631	EWES 1-2						
				641	EWES UN 1						

Name of Land Owner: _____ Owner # _____

PLEASE LIST LIVESTOCK OF LAND OWNER ABOVE ONLY

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

LAND OWNER LIVESTOCK SCHEDULE C REPORT

_____ Property is no longer being used for grazing purposes.

_____ Property is being used for my livestock (Please complete reverse side of this form).

_____ Property is being leased (Lessee is responsible for reporting their livestock. Provide contact information below).

Name of Lessee: _____

Lessee Owner # _____

Address: _____

City, State, Zip: _____

Phone # of Lessee: _____

Signature of Land Owner: _____

Phone # of Land Owner or Agent: _____ Date Signed: _____

If land is valued with "Agricultural Exemption" the land owner must provide proof that the land is being used for grazing.

If the land is **not being grazed**, it will be classified as "Raw Land". Which will be an **INCREASE IN VALUE**.

RETURN WITHIN 30 DAYS TO ASSURE YOU RECEIVE THE CORRECT ASSESSMENT

Call our office should you have any questions 575-374-9441 or visit our website at www.unionnm.us for e-mail