Farming Operation Summary*

Must be received in the Midvale District Office by 5pm, May 1

Name of Farming Operation or Individual_____

Address_____

Telephone Number(s)_____

Complete the following for all farms owned and/or operated within Midvale Irrigation District and provide information requested

Owner	Legal Description	# Irrigated Acres
Total		

I(we) attest, under penalty of perjury, that the information provided herein is true, accurate, and complete to the best of my(our) knowledge.

Signature_____ **Date**_____

<u>*This form does not need to be completed if:</u>

1) You completed a "Certification of Landholdings" form, or

2) You do not lease irrigable land to or from another owner