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| **RECORDING STATE CONSERVATION PRACTICES**  **CORPORATION OR PARTNERSHIP** | |
| **NAME AND ADDRESS OF CORPORATION (attach Conservation Practice Contract      )** | |
| **DESCRIPTION OF PRACTICE (including width, length, or quantity)** | |
| **STATE FINANCIAL ASSISTANCE AMOUNT:** | **DURATION OF PRACTICE:**        **TO** |
| **LOCATION OF PRACTICE** (see attached photo)        Township        Range        ¼ Section        ¼ Section        ¼ Section        ¼ Section   |  |  | | --- | --- | |  |  | |  |  |     Scale:  4” = 1 mile  8” = 1 mile | |

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| **SIGNATURES and ACKNOWLEDGEMENT FOR CORPORATION OR PARTNERSHIP**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporate officer or partner Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporate officer or partner Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporate officer or partner Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporate officer or partner Date |
| FOR NOTARY USE ONLY:  STATE OF MINNESOTA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  The foregoing instrument was acknowledged before me this  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.  by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typed Name(s) of officer or partner, and title    \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public Signature  My commission expires \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. |
| **This instrument was drafted by:**  Minnesota Board of Water and Soil Resources  520 Lafayette Road North  St. Paul, MN 55155 |