

COOPERATOR AGREEMENT / DISTRICT REQUEST FOR ASSISTANCE

COOPERATOR NAME: _____
(Please print)

<p align="center">CONTACT INFORMATION:</p> <p>Mailing Address: _____ _____ _____</p> <p>Telephone: _____ (home) _____ (cell)</p> <p>Email: _____</p>	<p align="center">PROPERTY INFORMATION:</p> <p>Property Address: <input type="checkbox"/> Same as Mailing Address _____ _____</p> <p>Township: _____ # of Acres: _____</p> <p>Type of Enterprise: _____ (Dairy, Beef, Mushrooms, etc.)</p> <p>Watershed: _____</p>								
<p align="center">HISTORY WITH DISTRICT:</p> <p>Have you already spoken with District staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, staff name: _____</p>	<p align="center">CONSERVATION NEEDS:</p> <table border="0"> <tr> <td>___ Stormwater Management</td> <td>___ Sediment Reduction</td> </tr> <tr> <td>___ Nutrient Management</td> <td>___ Erosion Control</td> </tr> <tr> <td>___ Barnyard Runoff Control</td> <td>___ Waste Management</td> </tr> <tr> <td>___ Surface Water Control</td> <td>___ Other _____</td> </tr> </table>	___ Stormwater Management	___ Sediment Reduction	___ Nutrient Management	___ Erosion Control	___ Barnyard Runoff Control	___ Waste Management	___ Surface Water Control	___ Other _____
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___ Nutrient Management	___ Erosion Control								
___ Barnyard Runoff Control	___ Waste Management								
___ Surface Water Control	___ Other _____								

I am interested in the proper use and development of the natural resources located on this property. Therefore, I am requesting assistance from the District for an inventory and evaluation of the natural resources and the alternatives available from the development of these resources. I will also cooperate with the agencies that provide assistance to the District in the preparation of this information. I hereby grant permission for staff of the District and any assisting agencies to access the property as needed for this purpose. This agreement may be terminated upon written notice by the Cooperator or the District.

Cooperator Signature (Please sign)

Date

DISTRICT APPROVAL:

CCCD Board Member Signature

Date

