



ADAMS COUNTY AGRICULTURAL LAND PRESERVATION BOARD
Adams County Agricultural and Natural Resources Center
 670 Old Harrisburg Road, Suite 100 ☐ Gettysburg, PA 17325
 Phone: (717) 337-5859 ☐ Fax: (717) 334-0786
Ellen T. Dayhoff, Administrator

_____, 20__

Application Number: «Appl_No»
Total Acres: «Total_Acre_Tract»
Acres being excluded: «Exclusions» **requiring donation of an easement to a qualified entity**
Acres Offered for Easement Purchase: «Acres_Offered»

«First_Name» «Last_Name»
 «Address1»
 «Address2»
 «City», «State» «Zip»

(Note: Highlighted areas will be included only for exclusions requiring a donation.)

Property Address: «Property_Address»

Dear Applicant(s):

When you applied to Round ____ of the Adams County Agricultural Land Preservation Program you requested to leave out, or exclude, a portion of your property from this application. The Adams County Agricultural Land Preservation Board reviewed and approved your exclusion request, with the requirement that the excluded area be preserved through the County, Land Conservancy of Adams County, or other non-profit qualified entity.

Enclosed are two copies of an Approval Form with our generated map showing the land approved to be excluded from your application based on information you provided. Also enclosed is an **informational sheet regarding Easement Donations**. Please thoroughly review this map and informational sheet, **specifically in regards to tax implications**. Please note that the total acreage figure noted for the application as well as the exclusion areas, are approximate. Since you are requesting an exclusion, a survey will need to be done (at your expense) if/when we reach the offer process for your application.

If you agree with our interpretation of your exclusion request, **all owners as listed on your most recent deed, must sign one copy of the Approval Form acknowledging they agree with this exclusion request as noted above. The signed form will need to be returned to our office in the enclosed envelope by _____; it will be kept in your file as record. The additional copy is for you to keep.**

If you do not agree with the exclusion as shown on this map, or if you have any questions or concerns regarding the donation request, please contact our office immediately to schedule an appointment to review your request. Please note, we appreciate your cooperation in getting this signed form back to us prior to _____, 20__.

Our office can be reached at (717) 337-5859, Monday through Friday 8:00 am to 4:30 p.m. Thank you for your cooperation, and we look forward to working with you.

Sincerely,

Ellen T. Dayhoff, Administrator

Enclosures