

Office of the Assessor

County of Santa Clara
Real Property Division
130 West Tasman Drive
San Jose, CA 95134
(408) 299-5500 www.scc-assessor.org



Lawrence E. Stone, Assessor

AGRICULTURAL PRESERVE QUESTIONNAIRE OFFICIAL REQUEST

Name
C/O
Address

Date: _____
Re: Williamson Act Survey
APN: _____

(PLEASE MAKE NECESSARY CORRECTIONS TO NAME OR ADDRESS)

Dear Property Owner:

The Assessor is required by law to appraise land restricted by land conservation contract on the basis of current economic rent. In order to appraise land by this method, it is necessary for the Assessor to request current data on income, rentals, expenses and production for the particular type of operation involved. Your prompt cooperation in furnishing the information requested on this form is required. The deadline for returning the questionnaire is April 15, 2024. **Completed questionnaires returned after the April 15 deadline shall be subject to a late fee and may result in nonrenewal.** This official request is made pursuant to Revenue and Taxation Code Section 441(d).

If the contract rent involves performance or consideration other than cash rent by either the owner or the renter, please provide the details. If you are an owner operator, give us your best estimate of the rent per acre that you could receive.

Please note that information provided in **Section One is not confidential** and will be shared with other county offices, particularly the Planning Department and the Division of Agriculture. Similarly, any failure to respond to this portion of the Questionnaire may also be shared with other county offices. The information provided in **Section Two of this form will be held in confidence** by the Assessor (Section 451, Revenue and Taxation Code); It can be disclosed only to the District Attorney, grand jury, and other agencies specified in Section 408 of the Revenue and Taxation Code.

Any questions or comments which you may have should be directed to Matt Leslie, Senior Appraiser, at matt.leslie@asr.sccgov.org or (408) 299-5338. To send your forms electronically, please send them to ASRAGSurveys@asr.sccgov.org. Your cooperation in this matter is greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lawrence E. Stone".

LAWRENCE E. STONE
County Assessor

APN: _____

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Name: _____ APN: _____ Contract: _____ Type: _____
Mailing Address: _____ Situs address: _____

Total Acres: _____ Acres

SECTION ONE: The following information is **not confidential** and will be shared with other County offices.

PLEASE ANSWER EACH QUESTION. Where necessary, attach schedules or lists to explain any answer in detail. Additional information may be added in the blank space below.

1. Does the property generate annual revenue from sales of agricultural commodities? Yes No
2. If yes, indicate the revenue source: _____
3. Do you lease or rent this property to others for the production of agricultural commodities? Yes No
If yes: Name of Tenant: _____ Contact Telephone: _____
4. Check the current agricultural use(s) occurring on this property and the acreage of each use.
 - A. Irrigated field crops _____ acres Dry farming _____ acres Vineyard _____ acres
 Irrigated pasture _____ acres Dry grazing _____ acres Nursery _____ acres
 Orchard _____ acres Timber _____ acres Poultry _____ acres
 Green House/Nursery _____ acres
 Other (specify): _____
 - B. If livestock production, state type of operation:
 Cow-calf Stocker-feeder Sheep Dairy Swine Goats Poultry
 Other (specify): _____
 - C. If grazing, indicate average carrying capacity of property:
Irrigated Pasture: Acres per Head: _____ Dry Grazing: Acres per Head: _____
 - D. For livestock production, state the number of acres fenced and available for grazing: _____
5. If the property is less than 10 acres of prime land or less than 40 acres of non-prime land, state the annual revenue generated from sales of agricultural commodities.

6. Do you hold a current pesticide permit for the agricultural use? Yes No
 - A. If yes, under what name is the pesticide permit issued? _____
7. How many years has the agricultural operation been conducted on this parcel? _____

This official request is made in accordance with Santa Clara County Ordinance Code Section C13-20 and the "Guideline for General Administration, Monitoring and Enforcement of Williamson Act Contracts and Open Space Easement Agreement," adopted by the Board of Supervisors. The above information must be completed in accordance with the instructions and filed with the Assessor of Santa Clara County. **Completed questionnaires returned after the April 15, 2024 deadline shall be subject to a late fee and may result in nonrenewal.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of owner or agent

Email Address

Date

Phone Number

SECTION TWO: The following is not a public document. The information contained herein, and any attached schedule, is considered to be confidential by the Assessor as explained on the first page.

IS THIS PROPERTY MANAGED BY OTHER PEOPLE? YES NO

Beginning Date of Current Agreement: _____ Email Address: _____

Number of Acres Managed: _____ Day Phone Number: (_____) _____

PLEASE LIST PRODUCTION BY TONS OR POUNDS FOR PERMANENT CROPS

All Existing Crop Types	Variety	Irrigation Type Flood, Drip, Sprinkler	Wine Contract Y/N	Year Planted	Acres	Tons Per Acre	Price Per Ton

SECTION THREE: PROVIDE INFORMATION ON CHANGES BETWEEN JANUARY 1 AND DECEMBER 31, 2023

FOR MULTIPLE ITEMS ON THE SAME PARCEL, PLEASE INCLUDE THE INFORMATION REQUESTED ON A SEPARATE SHEET

NEW, GRAFTED, OR REMOVED TREES/VINES	CHANGES IN PUMPS & WELLS
Type of Trees or Vines _____ Variety of Trees or Vines _____ <input type="checkbox"/> New <input type="checkbox"/> Grafted <input type="checkbox"/> Removed Date Planted, Grafted, or Removed _____ Total Acres Affected _____ Acres Spacing _____ Vineyard Stakes <input type="checkbox"/> Metal _____ Ft. Height <input type="checkbox"/> Wood _____ Ft. Height Number of Wires (Incl. Drip Wire) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Crossarms <input type="checkbox"/> Metal _____ Ft. Length <input type="checkbox"/> Wood _____ Ft. Length <input type="checkbox"/> Every Vine <input type="checkbox"/> Every Other <input type="checkbox"/> Overhead Trellis Total Installed Cost of Trellis \$ _____	<input type="checkbox"/> New Pump <input type="checkbox"/> Rebuild <input type="checkbox"/> Replacement <input type="checkbox"/> Deep Well <input type="checkbox"/> Tailwater <input type="checkbox"/> Booster Date New Pump Installed _____ Installed Cost of New Pump \$ _____ Date New Well Installed _____ New Well Casing Size _____ Inches Depth of New Well Installed _____ Feet Cost of New Well \$ _____
NEW LAND IMPROVEMENTS	NEW IRRIGATION
Date of New Leveling _____ Leveling Cost \$ _____ Number of Acres Leveled _____ Acres Date of Ripping _____ Ripping Cost \$ _____ Number of Acres Ripped _____ Acres	<input type="checkbox"/> New Drip <input type="checkbox"/> New Sprinkler <input type="checkbox"/> New Fan-Jet <input type="checkbox"/> New Drag-line Acres of New Irrigation System Installed _____ Acres <input type="checkbox"/> New Pipeline w/ Orchard Valves <input type="checkbox"/> New Pipeline w/ Vineyard Valves <input type="checkbox"/> Concrete <input type="checkbox"/> PVC _____ " Diameter _____ Linear Ft. New Pipeline without Valves <input type="checkbox"/> Concrete <input type="checkbox"/> PVC _____ " Diameter _____ Linear Ft. Date Installed _____ Installed Cost of New Irrigation \$ _____

If you have built, changed or removed any structures, check this box : any cell/micro towers, check this box

Other information that may assist us in establishing rents or values may be provided separately

8. Remarks _____

This official request is made in accordance with Section 441(d), of the Revenue and Taxation Code. This statement must be completed according to the instructions and filed with the Assessor of Santa Clara County. Failure to file this statement will result in the Assessor estimating the value of your property based on information in his possession pursuant to Section 501 of the Revenue and Taxation Code.

I declare under penalty of perjury under the laws of the State of California that the information contained herein is true.

Signature of owner or agent

Email Address

Date

Phone Number

Office of the Assessor

County of Santa Clara

West Tasman Campus
130 West Tasman Drive
San Jose, CA 95134
(408) 299-5500 www.sccassessor.org



Lawrence E. Stone, Assessor

GO PAPERLESS!

You may choose to stop receiving and filing your paper Agricultural Questionnaire in the mail. Instead, you may choose to receive and file the Agricultural Questionnaire electronically.

To receive email notifications when it is time to fill out your questionnaire (December 1st each year), please fill out this form and sign up for this electronic paperless service.

Once enrolled, you can securely fill out your questionnaire online and will no longer receive paper forms. To enroll, you must be the owner of record as of January 1, 2024. Please complete the below information and sign. You may either mail or email the signed form to us to enroll in paperless questionnaires. This will apply to the 2024/2025 and subsequent tax years.

The email address to use is ASRAGSurveys@ASR.SCCGOV.ORG

Our mailing address is 130 W. Tasman Drive, San Jose, CA 95134

Subject Property APN _____

Subject Property Address:

Street _____

City _____ Zip Code _____

I declare under penalty of perjury of the laws of the State of California that I was the owner of the Subject Property on January 1, 2024. I understand that I am waiving my right to file a hard copy of this form and elect to file this form electronically with the Assessor's Office. I also understand this election will be effective indefinitely unless and until I sell or transfer ownership of the property or revoke this election by requesting, in writing 120 days prior to the deadline, that the Assessor's Office provide me with a hard copy of this form.

EMAIL _____

NAME(print) _____

SIGNATURE _____

DATE _____