

**WILLIAMSON ACT APPLICATION**

1. NAME: \_\_\_\_\_

2. BUSINESS/FARM NAME (If Different): \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_

4. MAILING ADDRESS: \_\_\_\_\_

5. PHONE: \_\_\_\_\_

6. FAX: \_\_\_\_\_

7. E-MAIL: \_\_\_\_\_

8. ASSESSOR'S PARCEL NUMBER (APN'S) OF EACH PROPERTY TO BE INCLUDED  
(Attach additional sheet if necessary)

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9. AUTHORIZED SIGNEE OF PROPERTY (If Trust, Attach Copy Of Trustee Agreement)

\_\_\_\_\_

10. ATTACH A COPY OF *EACH* PROPERTY TAX STATEMENT

11. RETURN TO IMPERIAL COUNTY PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
BY **AUGUST 31, 2009.**

IMPERIAL COUNTY PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
801 MAIN STREET  
EL CENTRO, CA 92243  
(760) 482-4236