



**San Miguel County Assessor**  
 500 West National Avenue, Suite 108  
 Las Vegas, New Mexico 87701

**Elaine Estrada**  
 San Miguel County Assessor

**AGRICULTURAL LAND APPLICATION**

The burden of demonstrating primary agricultural use is placed on the owner of the land. The burden may be met with objective evidence of a bona fide agricultural use of the land for the year preceding the year in which application is made.

TAX YEAR \_\_\_\_\_

OWNER # \_\_\_\_\_

UPC# \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

I HEREBY APPLY TO HAVE THE FOLLOWING DESCRIBED LAND VALUED AS LAND USED PRIMARILY FOR AGRICULTURAL PURPOSES PURSUANT TO SECTION 7-36-20 OF THE PROPERTY TAX CODE.

1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. LEGAL DESCRIPTION OF LAND \_\_\_\_\_

3. Use of land during the year preceding this year, for which the application is made.  
 a. Pasture? Yes  No  Farming? Yes  No

4. Do you own livestock? Yes  No  If yes, please complete the Livestock Owners Report

5. If farmed, complete the following:  
 a) List crops: \_\_\_\_\_ b) Were crops sold? Yes  No   
 c) Were crops retained? Yes  No  d) Number of acres of Irrigated Land: \_\_\_\_\_  
 e) Number of acres grazed: \_\_\_\_\_ (MRGCD or Acequia Association) \_\_\_\_\_

6. Was land held for speculative land subdivision and sale or was land subdivided? \_\_\_\_\_

7. Was land used for commercial purposes of a non-agricultural nature? Yes  No

8. Was land use for recreation? Yes  No

9. Was land leased? Yes  No  If yes who was the lessee? \_\_\_\_\_

a) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

b) Does the lessee own livestock? Yes  No

c) What was the lessee's use of property? \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE TO PROVIDE TO THE ASSESSOR, UPON HIS SPECIFIC WRITTEN REQUEST, SPECIFIC INFORMATION FROM MY FEDERAL INCOME TAX RETURNS FOR THE PURPOSE OF DETERMINING THE INCOME DERIVED FROM THE ABOVE DESCRIBED LANDS FROM THE COMMERCIAL SALE OF AGRICULTURAL PRODUCTS.

**X** \_\_\_\_\_ (SIGNATURE OF OWNER OR AGENT) \_\_\_\_\_ (TELEPHONE NUMBER) \_\_\_\_\_ (DATE)

**▼ FOR OFFICIAL USE ONLY ▼**

APPROVAL: Yes <input type="checkbox"/> No <input type="checkbox"/> DATE RECEIVED: _____ COMMENTS: _____ _____ _____	FILLED ENTERED VERIFIED CARD CHANGED	DATE			
		BY	MO.	DAY	YR