



IRRIGATED FARMING



100 Catron St. • PO Box 126
Santa Fe, NM 87504-0126
Phone: 505-986-6300
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SANTA FE COUNTY APPLICATION FOR TAX YEAR _____

Property Owner: _____ Parcel Account#: _____

Mailing Address: _____
_____ Phone: _____

Parcel Total Acres: _____

Dryland Farming Acres: _____

Were crops sold? Yes No

Were crops retained for livestock? Yes No

If land is leased for farming, provide name and address of lessee below:

Livestock Account #: _____

Name: _____

Address: _____

Phone: _____

List of Crops Grown:

DEADLINE TO APPLY:

Property owners may apply for a special method of valuation by filing this application with the county assessor within 30 days of the official mail date of the Notice of Value. This notice is mailed out on or around April 1st each year.

Please visit our website for additional information!
www.santafecountynm.gov/assessor

(1) Was the land used for residential purposes? Yes No
If "Yes," Describe and give acreage of homesite: _____

(2) Was the land used for commercial purposes of non-agricultural character? Yes No
If "Yes," Describe and give acreage used: _____

(3) Is land being grazed by only horses? Yes No If "Yes," check how horses are being used:
 For breeding purposes For recreation Other _____

(4) Does the land have containment? Yes No If "Yes," What type? _____

(5) Does the land have a water source? Yes No If "Yes," What type? _____

(6) Does the Agricultural use of land meet minimum size requirements? Yes No
Land must have minimum 1 acre for farming, 50 acres for Grazing North Country and 80 acres for Grazing South County

(7) List of contiguous parcel account #'s: _____

I (print name) _____ hereby swear or affirm that the information provided above is true and correct to the best of my knowledge and belief. I agree to provide to the assessor upon specific 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

Signature _____ Date _____ Telephone _____

OFFICE USE ONLY: RECEIVED BY: _____ DATE _____ APPROVED YES NO INITIALS _____