

## WETLANDS RESERVE PROGRAM 7-YEAR OWNERSHIP WAIVER REQUEST

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State:

County:

Landowner(s):

Landowner Request Date:

Date Deed Acquired:

Total tract Acres:

Total Offered Acres:

Total cropland acre offered:

Description of Circumstances:

### Recommendations:

State Conservationist: I recommend approval of this Waiver Request  YES  NO

Landowner(s) meet all other eligibility requirements:  YES  NO

Offered acreage has been determined to be eligible:  YES  NO

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Director, Easements Program Division:  Approve  Deny

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Deputy Chief for Easements and Landscape Planning:  Approve  Deny

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Chief Decision:

I approve this waiver request

I Deny this waiver request

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\_\_\_\_\_  
Dave White, Chief

\_\_\_\_\_  
Date