



TULARE COUNTY ASSESSOR TARA K. FREITAS, CPA
AG PROPERTY QUESTIONNAIRE

MAILING ADDRESS _____

APN: _____

The information contained herein and any attached schedule will be treated confidentially according to Revenue and Taxation Code § 451.

SGMA IMPACT. Your information regarding water is vital to our office's ability to accurately evaluate the potential impact of SGMA on assessments.

IF YOUR LAND HAS ACCESS TO WATER, INDICATE THE WATER SOURCE (CHECK ALL THAT APPLY)

GSA (name): _____

IRRIGATION DISTRICT: _____ IRRIGATION DISTRICT ALLOCATION: _____

WELL PUMP: _____ NO ACCESS TO WATER: _____

TREES, VINES OR PERENNIALS

Please indicate if you have planted or removed any trees or vines in the last two years to ensure an accurate assessment of your property. Tax relief may be available if you have removed growing improvements due to water restrictions or other reasons. To help us maintain accurate records, please provide a ranch map if available.

PLANTED (P), REMOVED (R), GRAFT OR BUDDED (G), INTER-PLANTED (I). *

CHECK ONE*				SPECIES	VARIETY	SPACING (FT)		IRRIGATION TYPE	ACRES	COST PER ACRE	DATE	
P	R	G	I			ROW	TREE				ADDED	REMOVED

LEASING INFORMATION

IF YOUR PROPERTY IS BEING LEASED OR RENTED, PLEASE COMPLETE THIS SECTION.

A. Name and address of the tenant: _____

B. Tenant phone number: _____ Number of acres leased: _____

C. Date current rental agreement started: _____ Date current rental agreement expires: _____

D. Rent based on crop-share: _____ and/or cash rent \$ _____/acre

E. If crop-share, indicate: _____ % to owner Total gross annual rent \$ _____

F. Does the rent include structural improvements? _____ Yes* _____ No *If yes, please describe: _____



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G. Property owner pays the following expenses: _____ Property taxes _____ Irrigation district taxes & amount (\$ _____)
 _____ Pump/pipeline maintenance _____ Other (please describe) _____

H. If the lease includes additional parcels, please include their APNs here: _____

GRAZING INFORMATION

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING SECTION.

What is the carrying capacity? _____ head of _____ for _____ months
 (number) (animal) (number)

Grazing carrying capacity for the last 3 years: 2024 _____ 2023 _____ 2022 _____

Number of dry grazing acres: _____ Number of irrigated pasture acres: _____

CONTACT INFORMATION

**IT IS HELPFUL TO HAVE THE CONTACT INFORMATION OF THE BEST PERSON TO CONTACT IN CASE WE HAVE ANY QUESTIONS.
 IF YOU WOULD LIKE A SECOND CONTACT TO BE INCLUDED, A SECOND EMAIL LINE HAS BEEN PROVIDED.**

 NAME

 PHONE

 EMAIL

 CC EMAIL

REVISED 12/2024

I certify that the foregoing and all information herein, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

 SIGNATURE

 PRINTED NAME

 DATE