



LEASE LAND INFORMATION FORM

DATE RECEIVED: _____ NO. _____

1. NAME(S): _____

2. PHONE NUMBER: _____ CELL: _____

3. EMAIL ADDRESS: _____

4. AREA: (approximate acres) _____

- AREA REQUIREMENTS:

WATER: _____

SOIL CONDITIONS: _____

ELEVATION: _____

- CROPS:

ORGANIC: _____

GMO: _____

- EXPERTISE:

BACKGROUND: _____

(If available, please attach a resume for our records)

- # OF WORKERS: _____

- EQUIPMENT TO BE USED: _____

- STRUCTURES NEEDED: _____

- PESTICIDE USE (CERTIFIED?): _____
