

Request for Lease of Saratoga County SWCD's No-Till Seeder

Today's date: _____ Time: _____ Preferred Seeding Dates: _____

Farmer's name: _____

Farm/Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact person's name: _____

Contact person's phone numbers: _____

Home

Cell

Crop to be seeded: _____

Approximate # of acres: _____ @ \$15/acre = \$ _____

Additional information, such as previous crop, spraying date, if applicable: _____

Will you need to utilize public roads to move the Drill between fields? _____

How much Farm Insurance do you have?: _____

Minimum of \$500,000 is required to Lease the Drill if traveling on public roads, \$300,000 if not traveling on public roads

Do you have Worker's Compensation Insurance?: _____

Location of field (s):

Township _____ Road(s) _____

This completed form may be emailed to clerksaratogaswcd@gmail.com, or mailed to Saratoga County SWCD, 50 West High Street, Ballston Spa, NY 12020

Please submit at least 2 weeks prior to date needed to ensure availability

For SWCD Use Only

of acres seeded _____ x \$15 = _____ + 7% tax _____ = _____

Acreage Meter Start: _____

Acreage Meter End: _____

Amount Paid: _____ Date Paid: _____

Paid by: Cash: _____ Check #: _____

Charge: _____

Card #, Expiration Date, 3 or 4 Digit Code

SWCD Representative: _____