

<b>CORRECTIVE ACTIONS TRANSMITTAL</b>		EASEMENT #	
SWCD	LANDOWNER OR ENTITY'S FULL NAME (Print)		
ADDRESS (No., Street, RFD, Box No.)	CITY	STATE	ZIP

**DESCRIPTION OF NON-COMPLIANCE** (to be completed by the SWCD)

*Attach a copy of the Conservation Easement Site Inspection form which identifies the problem.*

**CORRECTIVE ACTIONS REQUIRED**

Item	Deadline

Approved by SWCD \_\_\_\_\_ (SWCD Chairperson's signature) \_\_\_\_\_ (Date)

**LANDOWNER RESPONSE**

*Attach additional pages as necessary.*

I, \_\_\_\_\_ (print name) have read the *Corrective Actions Required* listed above and forward my statement for consideration by the district in the resolution of this matter.

\_\_\_\_\_  
(Landowner signature) \_\_\_\_\_ (Date)

***This form must be signed and returned to the SWCD office within 30 days of delivery to the landowner for landowner input to be considered.***