

CORRECTIVE ACTIONS TRANSMITTAL		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.