



Extension

UNIVERSITY OF WISCONSIN-MADISON
MANITOWOC COUNTY

OPERATOR'S STATEMENT

Date _____

I, _____, certify that I have a cash lease agreement
(Operator's Name)

with _____ for FSA Farm # _____
(Landowner's Name)

located at _____ for crop years
(Section, Township and County)

_____ and that the landowner is assuming no risk from ANY

crop grown on the farm.

(Operator's Signature)

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