

Ministry of Agriculture - Lands Branch Rental
Reduction Request Form

FULL NAME:

ADDRESS:

TOWN/CITY/POSTAL CODE:

PHONE NO.:

CELL NO.:

FAX NO.:

EMAIL:

LEASE NO.:

RM NO.:

Legal Land Description	Original Acres	Acres Harvested	Acres Grazed	No. of Months Grazed	No. of Animals Grazed	No. of Tonnes of Hay Harvested	No. of Hay Acres Harvested

Indicate the reason for the request to reduce rent:

Declaration of Ineligibility for Insurance Coverage

I declare that I was ineligible for insurance coverage through the Saskatchewan Crop Insurance Corporation or other agency on the land listed in Agreement # _____.

The Ministry has the authority to verify any information and documents concerning the eligibility of applicants through post application audits.

Signature

Date