_____
MALPF File Number

DECISION TO BE RECORDED

I, _____
hereby give my permission to the Maryland Agricultural Land Preservation Foundation to record my District Agreement.

I understand that by electing to record my District Agreement I am bound to the restrictions contained therein for a period of at least five (5) years. I also understand that: 1) There is no guarantee that I will receive an offer by the Foundation to purchase an agricultural land preservation easement on this land; 2) There is limited funding available to purchase agricultural land preservation easements; and 3) If I receive an offer to purchase an agricultural land preservation easement, it will be subject to the Board of Public Works approval.

_____ _____
Signature of Landowner Date

_____ _____
Signature of Landowner Date

_____ _____
Signature of Landowner Date

_____ _____
Signature of Landowner Date

_____ _____
Signature of Landowner Date