

Farm Unit Declaration Form

1. General Information

A Farm Unit as defined by the *Nutrient Management Act, 2002*, Ontario Regulation 267/03 (as amended) is the basis for a Nutrient Management Strategy and/or Nutrient Management Plan.

For each Farm Unit there is only one Nutrient Management Strategy and one Nutrient Management Plan.

The Farm Unit must include all land on the property where the nutrients are generated.

The Farm Unit may include other properties.

The Farm Officinal include other properties.										
2. Contact Information										
Name of Farm Unit Operator										
Legal Farm Name										
911 Address (Street No., Street Name, RR, Lot, Concession, Township)										
City/Town/Village		Province P								
		Ontario								
Telephone No. Home (incl. Area code)	Telephone No. B	ephone No. Business (incl. Area code and ext.)								
E-mail address	Operation Identifi	Operation Identifier (if previously assigned by Ministry)								
3. Declaration										
As the farm unit operator I declare that the facilities and property referred to in Table 1 comprise the entirety of this Farm Unit. I acknowledge the requirement to complete a Nutrient Management Plan and/or Strategy, and that such Nutrient Management Plan and/or Strategy shall include all of the lands identified on this form.										
I hereby warrant that the information contained on this form is true, and that I have authority to complete this document.										
Indicate the type of operation that this Farm Unit is in: (check ⊠ one only)										
Corporation (specify name below)										
Division of a Corporation (specify name below)										
Name of Corporation <i>or</i> Division of Corporation										
Partnership (specify names and addresses of Partners	s below)									
Sole Proprietorship (specify name and address of Ow	•									
Names and Addresses of Partners or Name and Address of Owner										
També and Tambide of Familie and Families of Children										
Name of Farm Unit Operator (please print)	Signature		Date (yyyy/mm/dd)							
Name of Witness (please print)	Signature		Date (yyyy/mm/dd)							

Table 1 Location and Identification of Land that is Part of this Farm Unit											
Give each farm a unique name that will also be used in the Nutrient Management Plan for this Farm Unit. As seen in NMAN Be sure to list all roll numbers, concessions and lots that are related to this Farm Unit.											
Farm Name	911 Address	Roll Number	Upper Tier (county)	Lower Tier (township)	Geo Township (former township)	Concession	Lot	Tillable Area (include units – ha or ac)	Generator or Receiver (check ⊠ any that apply)	Status (check ⊠ one)	
									Generator Receiver	Owned Rented Agreement	
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Additional land listings are attached.

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