



ILLINOIS DEPARTMENT OF NATURAL RESOURCES CONSERVATION STEWARDSHIP PROGRAM Change of Acreage Form

Taxpayer Information

		Enrollment #
First Name:		
Middle Initial:		
Last Name:		
Corporation:		
Address:		
City:	State:	Zip Code:

Location of Unimproved Land

Property Index Number (PIN):		
Additional PINs :		
County:		
Township Name:		
Section:	Township:	Range:
Enrolled Acreage of Unimproved Land:		
New Total of Enrolled Acreage:		

Please Note: Required along with this form is an aerial map showing the boundaries of the acres being added or withdrawn from the program. By signing this form I agree that I want to change the acreage of my unimproved land for the Conservation Stewardship Program.

DNR Signature: _____ **Date:** _____

Any Additional Comments & Reason: _____

Please Mail To: Illinois Department of natural Resources
 Conservation Stewardship Program
 Office of Resource Conservation
 One Natural Resources Way
 Springfield, Illinois 62702