

Landowner Enrollment Form

		Zip:
		,
This form is to confirm your interest in app	olying your privately owned property in the Illinois Recre	eational Access Program (IRAP). By filing out this information Should your property be accepted and approved by IRAP st
	enrolled in IRAP: Please fill in the legal of boxes to describe the Leased Premises in	description(s) and mark the location(s) of then Illinois.
	Sec	Sec
shp	Twnshp	Twnshp
ge	Range	Range
S	Acres	Acres
Inhancement Program (CREP), Fore yes, what is the contract number(s)	stry Development Act (FDA), or Conservation Sterand Program?	ervation Reserve Program (CRP) or Conservation Reservation Reservation Program (CSP)? YES or NO. ncy, organization or individual wrote it?
Enhancement Program (CREP), Fore yes, what is the contract number(s) to you have a management plan for the types of activities are you into	stry Development Act (FDA), or Conservation Sterand Program? the offered property? YES or NO. If so, what age erested in leasing to IRAP? (check all that apply cres) Outdoor Naturalist Youth Archery Deer A	wardship Program (CSP)? YES or NO. ncy, organization or individual wrote it?
Enhancement Program (CREP), Fore figes, what is the contract number(s) to you have a management plan for the work of the second of the work of the second of	stry Development Act (FDA), or Conservation Sterand Program? the offered property? YES or NO. If so, what age erested in leasing to IRAP? (check all that apply cres) Outdoor Naturalist Youth Archery Deer A	wardship Program (CSP)? YES or NO. ncy, organization or individual wrote it? cond Fishing River Fishing/Boat Access dult Archery Deer Youth/Adult Waterfowl fouth/Adult Quail Youth/Adult Pheasant st two years? YES or NO or N/A

For more information, visit the IRAP website http://www.dnr.illinois.gov/conservation/IRAP or contact Tammy Miller at (217) 524-1266

