



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

Former Landowner Information

Enrollment #:
Name:
County:
Acreage:
Date of Sale:
Expiration Date:

New Landowner Information

First Name:		
Last Name:		
Corporation / Trust:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Acreage:		
Property Index Number(s) Transferred:		
Additional PINs:		

NOTE: Provide an updated aerial photo showing the boundaries for all the acreage now enrolled in CSP and fill out the "Schedule of Practices" form indicating the management you intend to complete over the rest of your CSP plan duration. Provide a Tax Bill or Deed proving ownership of the CSP parcel(s).

By signing this form, I agree to continue completing conservation management practices on my newly purchased acreage in exchange for a reduced tax rate under the Conservation Stewardship Program. I shall provide IDNR staff access to my property for inspection purposes as requested.

Landowner Signature: _____ **Date:** _____

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

or

Email to DNR.CSP@illinois.gov

