REGISTRY OF DEEDS NOTATION
Please index under all Farmland Owners’ and Abutters’ first and last names

SIGNATURE(S) IN THE PRESENCE OF A PUBLIC NOTARY

We the undersigned, certify that:

1. We have determined that farmland located in tax parcel(s) ____________________________________________, in the town(s) of ____________________________________________, as shown on the attached tax and aerial maps, that was recorded on (month/day/year) _________________________ in the __________________________County Registry of Deeds; Book, Page ____________________________, no longer qualifies under M.R.S. Title 7, Chapter 2-B, Registration of Farmland.

2. The anticipated new use for this land will be:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

3. We will record this notarized Farmland Registration Withdrawal - Form 6 in the Registry of Deeds representing the county where the farmland was registered, and any abutting land is located.

4. We will mail a copy of the recorded Farmland Registration Withdrawal - Form 6 to the owners of abutting lands that may be affected by this change.

5. We will mail a copy of the recorded Farmland Registration Withdrawal - Form 6 to the Maine Department of Agriculture, Conservation and Forestry, 28 State House Station, Augusta, ME 04333-0028.

Signature                                                                                           Printed Name
Signature                                                                                           Printed Name
Signature                                                                                           Printed Name

Date

STATE OF MAINE, COUNTY OF ________________________________                       DATE:_________________________

Personally appeared the above named ____________________________________________________________ (include all names) and acknowledged this Farmland Registration Renewal to be her/his/their free act and deed and further made oath that the following information/statements are true.

Before me,

Notary Public

Printed Name

My Commission will expire on ___________________________