

Johnson County



In partnership together

Native Seed Pr	roject Application	Date
Contact Informatio	n	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
EMail Address		
Project Type	1	
Project Type		
	urchase pounds of the na 20,000 square feet. We recommer	
Number of Acres _		
Livestock		
If livestock are involved with	this project, list the type, number	of head, and duration of their grazing.

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Soil Test		
A soil test within the past three years is required prior to project approval. List when soil test was preformed, the results, and your fertility history.		
Property Locatio	n	
	of the property so we can locate it on an aerial photo. This could include road ers (range, township, and section numbers), etc.	
Agreement and S	Signature	
_	ation, I affirm that the facts set forth in it are true and complete.	
Name (printed)		
Signature		
Date		

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in Johnson County Stormwater projects.

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