OPERATOR'S STATEMENT

Date _____

I, _____, certify that I have a cash lease
(Operator's Name)

agreement with _____ for FSA Farm
(Landowner's Name)

Number ____, located at _____
(Section, Township and County)

for crop years _____ and that the landowner is assuming no risk from ANY crop grown on the farm.

_____
Operator's Signature

This form is provided by University of Wisconsin-Extension as part of its educational programming and is not intended as a substitute for legal advice. The University of Wisconsin-Extension does not provide legal advice or make any representations about the legal effect of this document. Users should consult an attorney regarding the legal effect of this document. If the parties to the lease do not have a written lease agreement, they should consider using one of the lease forms available at http://www.mwps.org/. Choose "Farm Business" and then "NCFMEC Rental Agreement Series" or "NCFMEC Lease Forms." Or, contact your University of Wisconsin County Extension office for information on leases.