

## 1. General Information

A Farm Unit as defined by the *Nutrient Management Act, 2002*, Ontario Regulation 267/03 (as amended) is the basis for a Nutrient Management Strategy and/or Nutrient Management Plan.

For each Farm Unit there is only one Nutrient Management Strategy and one Nutrient Management Plan.

The Farm Unit must include all land on the property where the nutrients are generated.

The Farm Unit may include other properties.

## 2. Contact Information

Name of Farm Unit Operator

Legal Farm Name

911 Address (*Street No., Street Name, RR, Lot, Concession, Township*)

City/Town/Village

Province

Ontario

Postal Code

Telephone No. *Home* (*incl. Area code*)

Telephone No. *Business* (*incl. Area code and ext.*)

E-mail address

Operation Identifier (*if previously assigned by Ministry*)

## 3. Declaration

As the farm unit operator I declare that the facilities and property referred to in Table 1 comprise the entirety of this Farm Unit. I acknowledge the requirement to complete a Nutrient Management Plan and/or Strategy, and that such Nutrient Management Plan and/or Strategy shall include all of the lands identified on this form.

I hereby warrant that the information contained on this form is true, and that I have authority to complete this document.

Indicate the type of operation that this Farm Unit is in: (check  one only)

Corporation (*specify name below*)

Division of a Corporation (*specify name below*)

Name of Corporation **or** Division of Corporation

Partnership (*specify names and addresses of Partners below*)

Sole Proprietorship (*specify name and address of Owner below*)

Names and Addresses of Partners **or** Name and Address of Owner

Name of Farm Unit Operator (*please print*)

Signature

Date (*yyyy/mm/dd*)

Name of Witness (*please print*)

Signature

Date (*yyyy/mm/dd*)

**Table 1 Location and Identification of Land that is Part of this Farm Unit**

Give each farm a unique name that will also be used in the Nutrient Management Plan for this Farm Unit.  
 Be sure to list all roll numbers, concessions and lots that are related to this Farm Unit.

As seen in NMAN

Farm Name	911 Address	Roll Number	Upper Tier <i>(county)</i>	Lower Tier <i>(township)</i>	Geo Township <i>(former township)</i>	Concession	Lot	Tillable Area <i>(include units – ha or ac)</i>	Generator or Receiver <i>(check <input checked="" type="checkbox"/> any that apply)</i>	Status <i>(check <input checked="" type="checkbox"/> one)</i>
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement
									<input type="checkbox"/> Generator <input type="checkbox"/> Receiver	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Agreement

Additional land listings are attached.