

**FARMLAND DEVELOPMENT RIGHTS AGREEMENT  
TRANSFER REQUEST PROCEDURE**

Please complete and return with all required documentation to:

If no check is enclosed, send to:  
**MDA-FARMLAND  
P.O. BOX 30449  
LANSING, MI 48909**

If check is enclosed, send to:  
**MDA-FARMLAND  
P.O. BOX 30776  
LANSING, MI 48909**

Transfers are possible ONLY IF ALL THE LAND COVERED BY THE AGREEMENT is conveyed to the new owner(s); IF NOT or UNSURE, **STOP**. (see SPLITTING FARMLAND DEVELOPMENT RIGHTS AGREEMENTS or RELEASING LAND)

**ALL ITEMS MUST BE COMPLETED WITH THE REQUIRED DOCUMENTATION ATTACHED. INCOMPLETE REQUESTS WILL BE RETURNED TO SENDER.**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**REQUIRED DOCUMENTATION** : (1) COPY OF COMPLETE EXECUTED DEED OR LAND CONTRACT; (2) CHECK MADE PAYABLE TO *State Of Michigan* FOR TRANSFER FEES (*if not due to death*)-\$25.00 for each Agreement or DEATH CERTIFICATE (*to waive fee*); (3) SOCIAL SECURITY NUMBERS OF NEW OWNERS (*Treasury may deny tax credit without this information*)

1) Agreement number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. HINT: You may obtain the Agreement number from the seller or a copy of the Agreement from the Register of Deeds of the County the land is located in.

2) Name(s) as appears on current Agreement: \_\_\_\_\_

3a) FOR INDIVIDUAL(S)

List new owner(s) name(s) exactly as they appear on deed or land contract:

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3b) FOR A PARTNERSHIP/LLC/CORPORATION/TRUST

Name of entity as it appears on deed or land contract: \_\_\_\_\_

\_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

List all Partners/Members/Officers/Trustees – indicate title after name:

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4) NEW OWNER(S) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(If additional information is necessary, please attach separate sheet.)