

**PARTNERS FOR CONSERVATION PROGRAM
AGREEMENT VIOLATION NOTICE**

AGREEMENT NO. _____

_____ County Soil and Water Conservation District

Name of Participant(s)

Address of Participant(s)

_____	_____
_____	_____
_____	_____

You are hereby notified that information has been received which indicates a violation of the above-identified agreement as follows:

You are entitled to a hearing with the _____ County Soil and Water Conservation District (SWCD) board to discuss the agreement violation. If you wish to request a hearing, do so by writing the SWCD office at:

(Address) (City) (State) (Zip)

no later than 30 days from the date of this notice. You will be notified of the time, date and place for the hearing. At the hearing, you will be given a full opportunity to present oral or documentary evidence of facts and information relevant to the agreement violation. If sufficient justification for the violation is presented to the SWCD board, you will also be given the opportunity to arrange a schedule for correcting the agreement violation. If you fail to request a hearing within the time specified above, you will have no further right to a hearing, and further steps to correct the agreement violation will be taken by the SWCD board.

Further information concerning this Agreement Violation Notice may be obtained from the above-mentioned SWCD office.

(Chairman Signature)

(Date)