

**PARTNERS FOR CONSERVATION PROGRAM
AGREEMENT VIOLATION ACTION**

AGREEMENT NO. _____

_____ County Soil and Water Conservation District

Name of Participant(s)

Address of Participant(s)

_____	_____
_____	_____
_____	_____

1. Details of non-compliance: _____

2. Nature and effect of non-compliance with provisions of Agreement (check applicable block):

- Warrants termination of the Agreement (Agreement Terminated)
- Does not warrant termination of the Agreement (Agreement Not Terminated)

3. Forfeiture or refund adjustment (set out for each participant named at top of page)

Name of Participant	Dollar Amount
_____	_____
_____	_____
_____	_____

4. Acceptance of participant(s):

The undersigned hereby agrees that, under the above identified Agreement, his forfeiture or refund shown in paragraph 3 above is proper and any amounts in connection therewith, as indicated in paragraph 3 above are due and owing. The undersigned also agrees to the nature and effect of non-compliance set out in paragraph 1 of this form and waives the right to any further proceedings under the regulations governing agreement violations.

_____	_____
(Participant Signature)	(Date)
_____	_____
(Participant Signature)	(Date)
_____	_____
(Participant Signature)	(Date)

5. Approval by SWCD:

_____	_____
(Chairman Signature)	(Date)