

**STATE OF OKLAHOMA
SOIL HEALTH IMPLEMENTATION PROGRAM
CONSENT**

Owner's Name			
Owner's Address	City	State	Zip
Owner's Phone Number	Owner's Email		
Legal description where the practice(s) is to be constructed.			
Applicant's Name			

I, owner of the property listed above, do hereby grant the property renter the right to enter into the Soil Health Implementation Program (SHIP) for implementing according to SHIP plan necessary conservation practice(s). I, the owner, agree to continue maintenance of the conservation practice(s) implemented as a result for the expected life specified by the conservation district in the event that the land lease agreement is canceled.

Land Owner

Applicant

Date

Date