



ILLINOIS DEPARTMENT OF NATURAL RESOURCES CONSERVATION STEWARDSHIP PROGRAM

Cancellation Form

Taxpayer Information

First Name:		
Middle Initial:		
Last Name:		
Corporation:		
Address:		
City:	State:	Zip Code:

Location of Unimproved Land

Property Index Number (PIN):		
Additional PINs :		
County:		
Township Name:		
Section:	Township:	Range:
Acreage of Unimproved:		

By signing this form I agree that I want to withdraw my property from the Conservation Stewardship Program.

Landowner Signature: _____

Any Additional Comments: _____

Please Mail To: Illinois Department of Natural Resources
Conservation Stewardship Program
Office of Resource Conservation
One Natural Resources Way,
Springfield, IL 62702