



**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
CONSERVATION STEWARDSHIP PROGRAM**

Cancellation Form

Taxpayer Information

Enrollment #

First Name:		
Middle Initial:		
Last Name:		
Corporation/Trust:		
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 all of my property from the Conservation Stewardship Program.

Landowner Signature: _____ **Date:** _____

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**

(Please note: If you are withdrawing only a portion of the acreage you have enrolled in CSP, use a Change of Acreage form of each enrollment. Contact our office at 217-785-8284 to obtain a Change of Acreage form.)