



CONSERVATION PRACTICES APPLICATION  
SIGN-UP FORM  
Copperas Creek Watershed - Rock Island County, IL

APPLICANT:

\_\_\_\_\_

Relationship to Landowner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

PRIMARY  
LANDOWNER:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Township: \_\_\_\_\_ Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_

Farm #: \_\_\_\_\_ Tract #: \_\_\_\_\_

Practice(s) needed:  Streambank Stabilization  Grassed Waterway

Saturated Buffer  Bioreactor  Stabilization Structure  WASCOB (Basin)

Crop rotation: \_\_\_\_\_ Current crop: \_\_\_\_\_

Tillage method: \_\_\_\_\_ Lat/Long. (GPS Coord): \_\_\_\_\_

Anticipated Construction Schedule: \_\_\_\_\_

PERSON TO RECEIVE PAYMENT
Name: _____
Address: _____
City, State, Zip: _____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_