OPERATOR’S STATEMENT

Date ______________________

I, ___________________________, certify that I have a cash lease
(Operator’s Name)

agreement with ________________________ for FSA Farm
(Landowner’s Name)

Number _____, located at ________________________________
(Section, Township and County)

for crop years ___________ and that the landowner is
assuming no risk from ANY crop grown on the farm.

_____________________________
Operator’s Signature

This form is provided by University of Wisconsin-Extension as part of its educational
programming and is not intended as a substitute for legal advice. The University of
Wisconsin-Extension does not provide legal advice or make any representations about
the legal effect of this document. Users should consult an attorney regarding the legal effect
of this document. If the parties to the lease do not have a written lease agreement, they
should consider using one of the lease forms available at http://www.mwps.org/. Choose
“Farm Business” and then “NCFMEC Rental Agreement Series” or “NCFMEC Lease
Forms.” Or, contact your University of Wisconsin County Extension office for
information on leases.