pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FARMLAND PRESERVATION

Preserved Farms Resource Center

Preserved Farm Transition Planning Preliminary Survey

Farm Owner Name: _____

Address: _____ **County**: _____

_____ **Township**: _____

Phone: _____ **Email:** _____

List type(s) of agricultural enterprise(s) currently being operated on the farm:

_____

_____

Farm Business currently being operated by:

____ Farm owner ____ Farm owner and immediate family members

____ Tenant – family member ____ Tenant – non-family

____ Other (please specify) _____

Do you plan to sell/transfer the farm within the next 2-5 years? _____

If so, to whom would you be most likely to transfer?

____ Son/daughter/grandchild ____ Spouse ____ Sibling ____ Non-family member

Would you be interested in assistance in any of the following areas?

____ Farm transition/succession planning ____ Estate planning

____ Farm profitability/business planning ____ Expansion/alteration/modernization of business