Document Number State of Wisconsin	Document Title		
Department of Natural Resources Satisfaction of Cost-Share Agreement			
PO BOX 7921 Madison, Wisconsin 53707-7921	Form 3400-068B (R 01/11)		
	<ul> <li>Applicable to landowners participating in</li> <li>PRIORITY WATERSHED &amp; PRIORIT</li> <li>TARGETED RUNOFF MANAGEMEN</li> <li>URBAN NONPOINT SOURCE &amp; STO MANAGEMENT PROGRAM</li> </ul>	Y LAKE PROGRAM T PROGRAM	
<b>Notice:</b> This form is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 120, NR 153, NR 154, and NR 155, Wis. Adm. Code. Personal information collected will be used for management and enforcement of DNR grant programs and is not intended to be used for other purposes. Information collected may be made available to requesters as required under Wisconsin's Open Records law [s. 19.32-19.39, Wis. Stats.].			Describert
Instructions: Completion of this form is necessary to document that the commitments			Recording Area
made with a cost-share recipient have been fully satisfied, including the operation and maintenance period. Complete all sections, as applicable. Type or print neatly using blue or black ink.			For more information, call or contact:
Grant Information 1. Grant Program (Check One)			
Priority Watershed & Priority Lake			
2. Project Name			3. Grant Number
The undersigned Governmental Unit Agent certifies that the following cost-share agreement has been fully satisfied:			
4. Cost-Share Agreement Number			
5. Name of Cost-Share Recipient(s) (Last, First, M.I.)			
<ol><li>Name of Landowner(s) (if not cost-share recipient(s))</li></ol>			
7. Governmental Unit (Grantee Name)			
8. Address of Governmental Unit (Grantee) (Street Address, City, State, Zip Code)			
9. Recorded in the office of the Register of Deeds ofCounty, Wisconsin,			
As Document Number in Volume (Reel), of,			
On Page(s) (Image), • ·,			
10. Signed this day of , 20			
Signature of Governmental Unit Agent Typed or Pri			inted Name of Governmental Unit Agent
11. STATE OF WISCONSIN Cour	) ) ss. nty )		
	e this day of		, 20, the
Above named			
To me known to be the person who executed the foregoing instrument and acknowledge the same.			
Signature of Notary Public Typed			Typed Name of Notary Public
Notary Public County, Wisconsin			
O My commission is permanent. O My commission expires			

This document was drafted by the Wisconsin Department of Natural Resources.

## Legal Description of Property to be Satisfied

Provide the legal description below of the property to be satisfied as listed in the CSA recorded at the County Register of Deeds office. Attach additional sheets if necessary.