Reset Form

FARM LAND BID

State Form 52753 (R / 11-12)
Approved by State Board of Accounts, 2012
DEPARTMENT OF NATURAL RESOURCES, DIVISION OF FISH AND WILDLIFE

INSTRUCTIONS: 1. Please type or print information.
2. Complete all sections prior to submitting.
3. Mail to the property listed below.

Name of Property: Reynolds Creek Gamebird Habitat Area Address of Property: 5344 S. Hupp Rd. City, State, ZIP Code: Laporte, IN, 46350 Telephone Number of Property: 219-393-3612 Contact Person: Reed Stiller	Bid Must Be Received By *(month, day, year)* 12/8/2026 Time 10:00 am EDST

Each property unit must be bid on separately.

Attached or enclosed is: ❑ Certified Check ❑ Money Order ❑ Cash

Total Amount of Cash Bid: $4.00 ($1.00/year) Total Yearly Amount of Bid for _____ _____: $_____

Services that will be provided (*attach additional sheet if necessary*): _____

_____

_____

_____

Name of the Bidder *(Company, Corporation, Person, etc.)*:

Street Address *(number and street)*:

City:	State:	ZIP Code:	Telephone Number:

Name and Title of Agent *(must be the same as signature below)*:

NON-COLLUSION STATEMENT

The undersigned, being duly sworn on oath, says that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this contract other than which appears upon the face of this contract. I swear (or affirm) that the information I have provided is correct. I understand that making a false statement on this form may constitute the crime of perjury.

The bidder must sign and date this contract agreeing to the Bid(s) and the Non-Collusion Statement in order for the bid(s) to be valid.

Signature:_____ Date *(month, day, year)*:_____