Application for Assistance: Date: _____   Time: _____

Campbell County Service Office Producer Name_____

Contact information:

Mailing Address: _____

Phone Home_____Cell Number_____

Farm Number_____Tract Number_____

What county is farm located in? _____

Farm Address: _____

What FSA office do you report to? _____

Do you own the land?   _____Yes _____No

If not, do you have control of land?   _____Yes _____No

Please put me on the list for a Farm visit?   _____Yes _____No

Do you own more than 10 acres?   _____Yes _____No

Do you have an AG Water Quality Plan?   _____Yes _____No

If no please complete a hard copy from the Conservation District Office or complete one online at
https://dep.gateway.ky.gov/eForms/Account/Home.aspx

- Was plan given to the producer (only if producer made an office visit)

    _____Yes _____No

- Are you producing crops?   _____Yes _____No

- If so list crops being grown _____

- Do you do Crop Reports   _____Yes _____No

- Do you have livestock on the property?   _____Yes _____No

- If so list livestock types ——————————————————————————

What issues do you need help addressing on your farm?

_____

_____

_____

_____

Attach Map of Farm _____Yes _____No

(For technician to complete) Update Tracking List on One Drive_____Yes _____No _____Date_____Initals

Producer Signature_____Date _____