# FORM A

## Request for Inspection of Animal Feeding Operation

PLEASE PRINT OR TYPE

**NAME OF OPERATION** _____

**ADDRESS OF OPERATION** _____ _____ _____ _____
                                  *Street, P.O. Box, Route*                                *City*                        *State*        *Zip*

**LEGAL DESCRIPTION OF OPERATION**

_____ _____ _____ _____ N _____ ☐E or ☐W _____County
  *1/4*        *1/4*       *Section*   *Township*    *Range*

_____ _____ _____ _____ N _____ ☐E or ☐W _____County
  *1/4*        *1/4*       *Section*   *Township*    *Range*

**DIRECTIONS FROM NEAREST TOWN** _____

_____

**CONTACT PERSON INFORMATION**

Name & Title _____

Address_____ _____ _____ _____
              *Street, P.O. Box, Route*                              *City*                       *State*        *Zip*

Telephone (_____) _____ _____   (_____) _____ _____   (_____) _____ _____
                      *Work*                                 *Home*                          *Other (Cell, Fax, etc.)*

**REASON FOR REQUESTING INSPECTION** ☐ Existing   ☐ Proposed expansion to existing   ☐ Proposed Operation

☐ Other *(i.e., local or lender requirements, previous discharge, etc.)* _____

**ANIMAL FEEDING OPERATION INFORMATION** *(Attach additional sheets if more space is needed to list livestock types)*

| **Type Of Livestock** *(i.e., feeder cattle, dairy, swine, etc.)* | **Animal Capacity** *(maximum number of animals that operation can hold)* |
|---|---|
|  |  |
|  |  |
|  |  |

Open Lots?  ☐Yes ☐No        Totally Housed Buildings?   ☐Yes ☐No

Print Name of Requester: _____

Signature of Requester: _____

***(Be sure to include appropriate inspection fee or form will be returned. Send requests to above address.)***

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