

HARVEST NOTIFICATION REPORT



Return completed report to:

Nebraska Department of Agriculture
P.O. Box 94756, Lincoln NE 68509-4756
Phone: (402) 471-2351 Fax: (402) 471-6893
Email (preferred): agr.hemp@nebraska.gov



NOTE: A separate notification report must be completed for each Location ID

NAME OF LICENSEE/DESIGNEE: _____

LICENSE NUMBER: _____

BUSINESS NAME: _____

SITE NUMBER: _____

ADDRESS OF SITE (or nearest intersection if no address assigned):

CONTACT INFORMATION FOR REPRESENTATIVE WHO WILL BE ON SITE:

Name: _____

Phone (mobile or landline): _____

Email: _____

PLANNED HARVEST DATE: ____/____/____

TOTAL ACRES OR SQUARE FEET TO BE HARVESTED: _____

List all lots to be harvested at the following Location ID on the date above:

LOCATION ID: _____

LOT NUMBERS:

- | | | | | | | | | |
|----|--------|----|---------|----|---------|----|-----------------|----------------|
| 1. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 2. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 3. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 4. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 5. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:

Printed name

Signature

Date of Signature