

### FIELD CROP REGISTRATION FORM

PERMIT #		FARM NAME			PERMITTEE/CONTACT		
FIELD #	PREVIOUS OWNER/LESSEE	LOCATION (crossroads)	S/T/R	ZONE	ACRES	REQUIRED WIND	

Total Acres

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Instructions: Please complete this form only if you have additions to the form printed with last year's information, or if you did not register your fields last year. Sign and date the form.