

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: _____

LEGAL DESCRIPTION OF SITE (Section, Township and Range):

CONTACT INFORMATION FOR REPRESENTATIVE WHO WILL BE ON SITE:

Name: _____

Phone (mobile or landline): _____

Email: _____

PLANNED HARVEST DATE: ____/____/____

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

LOCATION ID: _____

LOT NUMBERS:

1. _____
2. _____
3. _____
4. _____
5. _____

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:

Printed name

Signature

Date of Signature