

# 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:** \_\_\_\_\_

**LOCATION ID:** \_\_\_\_\_

**PREFERRED INSPECTION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TOTAL ACRES/SQ. FEET HARVESTING:** \_\_\_\_\_

**CONTACT INFORMATION FOR REPRESENTATIVE WHO WILL BE ON SITE:**

Name: \_\_\_\_\_ Phone (mobile or landline): \_\_\_\_\_

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

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

**LOT NUMBERS:**

1. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

VARIETY: \_\_\_\_\_

2. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

VARIETY: \_\_\_\_\_

3. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

VARIETY: \_\_\_\_\_

4. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

VARIETY: \_\_\_\_\_

5. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

VARIETY: \_\_\_\_\_

**SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature