



**DROUGHT RELIEF REQUEST
LIVESTOCK/CROP ASSISTANCE**

2012

Completed form may be faxed to 573-526-3508 or emailed to droughtrelief@dnr.mo.gov

CONTACT NAME	EMAIL	CONTACT PHONE NUMBER
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MAILING ADDRESS

MAILING CITY	MAILING STATE	MAILING ZIP CODE
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NAME OF LEGAL LAND OWNER (as shown on Property Deed)	FARM SERVICE AGENCY NUMBER	REQUEST A FARM SERVICE AGENCY NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
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FARM INFORMATION

FARM NAME (if applicable)

FARM ADDRESS

FARM CITY	FARM STATE	FARM ZIP CODE
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FARM TELEPHONE NUMBER WITH AREA CODE

ASSISTANCE NEEDED

COUNTIES IMPACTED

TYPE OF ASSISTANCE REQUESTED? <input type="checkbox"/> Livestock <input type="checkbox"/> Crop <input type="checkbox"/> Both Livestock and Crop
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ARE YOU EXPERIENCING A WATER SHORTAGE DIRECTLY CAUSED BY THE CURRENT DROUGHT CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU SELECTED 'YES', PLEASE EXPLAIN IN DETAIL:

IS THE WATER SHORTAGE YOU ARE EXPERIENCING CAUSING SEVERE IMPACT ON THE WELL-BEING OF YOUR LIVESTOCK OR CROP PRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU SELECTED 'YES', PLEASE EXPLAIN IN DETAIL:

WILL WATER ASSISTANCE PRODUCE AN IMMEDIATE BENEFIT TO YOUR LIVESTOCK OR CROPS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU SELECTED 'YES', PLEASE EXPLAIN IN DETAIL:

PROJECTED COST

PLEASE PROVIDE US WITH AN ESTIMATE OF THE COST OF THIS PROJECT
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