

NH VOLUNTARY PREMISES ID FORM

Contact Name: _____

Alternate Contact Name: _____

Farm Name: _____

Business Type (individual, LLC, partnership, etc.): _____

Operation Type (producer, clinic, exhibit, lab, market, etc.): _____

Physical Address: _____

Mailing Address: _____

Town: _____ Zip: _____

County: _____

Phone Numbers & Types (home, cell, fax, etc.): _____

E-mail: _____

Animal Types: _____

Return form to: NH Department of Agriculture, Markets & Food
Division of Animal Industry
P.O. Box 2042
Concord, NH 03302-2042
Email: Stephen.crawford@agr.nh.gov

For questions about the program contact (603) 271-2404