

# ORGANIC INSPECTION APPOINTMENT FORM

(Return form with completed Plan Questionnaire)

Farm/business name \_\_\_\_\_

Contact person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Best hours to call \_\_\_\_\_

Indicate which day(s) of the week are that are most convenient for an Organic Inspector to visit your operation:

\_\_\_\_\_

For New Applicants only:

Draw a clear map and provide written directions to your farm or business.

Inspector Use Only: Appointment date: Appointment time:
--