

SITE MODIFICATION REQUEST



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 request must be completed for each SITE. A billing email for the \$50 site modification fee will be sent to the primary email address on file for the licensee once this site modification request is approved.

NAME OF LICENSEE/DESIGNEE:			
LICENSE NUMBER:			
BUSINESS NAME:			
LEGAL DESCRIPTION OF SITE (S	Section, Township and Ran	ge):	
SITE NUMBER:			
LOCATION ID:			
1.	N	W	
2.		W	
3	N	W	
4	N	W	
5	N	W	
DESCRIBE THE MODIFICATION I field, etc.):			lding or
A revised map to showing the mo	odifications must be subm	itted with this request.	
SIGNATURE OF LICENSEE OR D	ESIGNATED REPRESENT	ATIVE:	
Printed name		_	
Signature		_	
Date of Signature			