## **U.S. DEPARTMENT OF AGRICULTURE** Farm Service Agency

FSA-2522 (Proposal 3) Position 4

BORROWER RESPONSE TO DENIAL OF PRIMARY LOAN SERVICING  AND INTENT TO ACCELERATE  FOR BORROWERS WHO RECEIVED FORM FSA-2510 OR FSA-2514 AND APPLIED FOR SERVICING	
. I have received and read your denial of my request to restructure my Farm Service (FLP) debt. (Check the appropriate blocks below:)	Agency (FSA) Farm Loan Program
A. I will pay my FSA account current immediately. (Only applicable if payment del Please contact your local office if you require any further information.)	inquency is the reason for your default.
B. I will pay FSA the full amount of the Current Market Value Buyout (CMV). (The deadline is 90 days from the date you received form FSA-2521. This only applicable if you were offered (CMV.)	
C. I would like to request Reconsideration as described in form FSA-2521. (The deadline is 30 days from the date you received form FSA-2521.)	
D. I would like to request Mediation as described in form FSA-2521. ( <i>The deadline form FSA-2521</i> .)	e is 30 days from the date you received
E. I would like to request Negotiation of the Appraisal as described in form FSA-2521. (The deadline is 30 days from the date you received form FSA-2521.)	
F. I would like to Appeal as described in form FSA-2521. ( <i>The deadline is 30 days FSA-2521</i> .)	from the date you received form
A. Signature	3B. Date
A. Signature	4B. Date
A. Signature	5B. Date
A. Signature	6B. Date
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NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, to courts or adjudicative bodies or to state-certified or state licensed appraisers. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

According to the Paperwork Reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.

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