

|   |                             |                 |                   |
|---|-----------------------------|-----------------|-------------------|
| <b>FSA-409</b><br>U.S. DEPARTMENT OF AGRICULTURE<br>Farm Service Agency | 1. FARM NUMBER              | 2. PROGRAM YEAR | 3. REQUEST NUMBER |
| <b>MEASUREMENT SERVICE RECORD</b>                                       | 4. FARM LOCATION (OPTIONAL) |                 |                   |

|  |   |
|--|---|
| 5A. PRODUCER'S NAME AND ADDRESS (Including Zip Code) | 6A. NAME AND ADDRESS OF PERSON TO CONTACT |
| 5B. TELEPHONE NO. (Including Area Code):             | 6B. TELEPHONE NO. (Including Area Code):  |

| PART A - SERVICE REQUEST AND COST  |                       |              |                    |                            |                             |
|--|-----------------------|--------------|--------------------|----------------------------|-----------------------------|
| 7. KIND OF SERVICE REQUEST<br><input type="checkbox"/> Stake and Reference<br><input type="checkbox"/> Measurement after Planting<br><input type="checkbox"/> Ground<br><input type="checkbox"/> NAIP<br><input type="checkbox"/> Measurement<br><input type="checkbox"/> Ground<br><input type="checkbox"/> NAIP<br><input type="checkbox"/> Bins<br><input type="checkbox"/> Other (Specify) | 8. COMMODITY/LAND USE | 9. NO. ACRES | 10. NO. BINS/PLOTS | 11. BASIC RATE: \$ _____   |                             |
|  |                       |              |                    | 12A. NO. of HOURS: _____   | 12B. HOURLY COST: \$ _____  |
|  |                       |              |                    | 13A. NO. of MILEAGE: _____ | 13B. MILEAGE COST: \$ _____ |
|  |                       |              |                    | 14. TOTAL COST: \$ _____   |                             |

| 15. PERSON MAKING REQUEST  |                      |
|--|----------------------|
| <i>I have reviewed the request and hereby agree to pay the cost of the service as requested.</i> |                      |
| A. SIGNATURE OF PERSON MAKING REQUEST  | B. DATE (MM-DD-YYYY) |

| 16. CASH RECEIPT                                       | 17. FOR REFUNDS ONLY  |              |                                       |                            |
|--|---|--------------|---------------------------------------|----------------------------|
| A. PAYMENT RECEIVED FOR SERVICES REQUESTED<br>\$ _____ | A. REFUND<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |              | B. NAME OF CROP OR SERVICE FOR REFUND |                            |
| B. SIGNATURE OF COUNTY OFFICE EMPLOYEE                 | C. REFUND AMOUNT<br>\$ _____  | D. CHECK NO. | E. DATE (MM-DD-YYYY)                  | F. APPROVAL (CED Initials) |

|                           |                                    |                                      |                               |
|---------------------------|------------------------------------|--------------------------------------|-------------------------------|
| 18A. SPECIAL INSTRUCTIONS |                                    |                                      |                               |
| 18B. EMPLOYEE NAME        | 18C. DATE WORK ISSUED (MM-DD-YYYY) | 18D. DATE WORK RETURNED (MM-DD-YYYY) | 18E. DATE MAILED (MM-DD-YYYY) |

| PART B - RECORD OF MEASUREMENT SERVICE PERFORMED |             |                           |                  |                |         |     |     |     |     |     |                     |
|--|-------------|---------------------------|------------------|----------------|---------|-----|-----|-----|-----|-----|---------------------|
| 19. BIN/TRACT NO.                                | 20. CLU NO. | 21. COMMODITY OR LAND USE | ACRES DETERMINED |                |         | 25. | 26. | 27. | 28. | 29. | 30. METHOD <u>1</u> |
|  |             |                           | 22. GROSS        | 23. DEDUCTIONS | 24. NET |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
|  |             |                           |                  |                |         |     |     |     |     |     |                     |
| 31. MEASURED ACREAGE/PRODUCTION                  |             |                           |                  |                |         |     |     |     |     |     |                     |
| 32. OFFICIAL ACREAGE                             |             |                           |                  |                |         |     |     |     |     |     |                     |
| <b>33. TOTALS:</b>                               |             |                           |                  |                |         |     |     |     |     |     |                     |

|  |                          |                      |
|--|--------------------------|----------------------|
| 34. <i>ALL required determination for this farm visit have been made in accordance with applicable procedures.</i> | A. SIGNATURE OF EMPLOYEE | B. DATE (MM-DD-YYYY) |
| 35. REMARKS:   |                          |                      |

1 Item 30. Method of Measurement. Enter "M" for measured or "O" for official.

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995 as amended. The authority for requesting the following information is 7 CFR 718. The information will be used to fulfill the producer's request for service. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in no service. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

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