This form is available electronically.

FSA-409A			1. COUNTY	
(proposal 1)				
MEASUREMENT SERVICE REQUEST REGISTER			2. STATE	
This form is used	I to aid in accounting for measurement service requests in	n counties where a lar	ge volume of requests	are received.
NOTE: Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 15 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0260.				
3. FARM NUMBER	4. FARM OPERATOR	5. DATE MEASUREMENT SERVICE REQUEST RECEIVED	6. DATE MEASUREMENT SERVICE PERFORMED	7. DATE OPERATOR IS NOTIFIED OF DETERMINATION