



COMMONWEALTH OF KENTUCKY DEPARTMENT OF AGRICULTURE WITHDRAWAL OF FARM NAME REGISTRATION

Pursuant to KRS 247.380, the undersigned applied for and was issued a Certificate of Farm Name Registration on the property detailed and named below.

The undersigned now submits the following statements for the purpose of withdrawing the Farm Name Registration:

1. The Farm Name is _____.
(The name must be identical to the name on record with the Department of Agriculture.)

2. The name in which the Farm Name Registration was issued _____.

3. The Applicant's mailing address _____.

4. This farm is located in _____ County, KY _____ miles _____ of _____
(Number) (Direction) (City or Town)
on Road or HWY no. _____.

5. Said farm contains _____ acres more or less, and is adjacent to the farm(s) of:

6. The date the original registration was filed with the Department of Agriculture _____.

7. The reason the Farm Name is being withdrawn is _____.

This withdrawal will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Agent Printed Name Date

If you have any questions, please call 502/564-4696.

Please return form to:
**Kentucky Department of Agriculture
Farm Name Registration Program
Capital Plaza Tower
500 Mero Street, 7th Floor
Frankfort, KY 40601**