OSU Extension
Nutrient Management Plan
Request for Service

Effective: 11/2015 - 7/2018

Please complete the following form and return to the office that is the closest to your location. One of our NMP Writers will be in contact with you shortly to discuss your FREE NMP.

Operation: ___________________________ Phone: _________________

Contact Name: ___________________________ Phone: _________________

Main Operation Address: _______________________________________________________

City: ________________________ State: _____ Zip: ______ County: _______________

Email Address: _________________________________________________________________

1.) Total Acres in Operation: _______

2.) Are these all located in the same county? ___ yes ___ no (list other counties) ______________

3.) Do you use any animal manure on any of the fields? ___ yes(app. acres) _______ ___ no

4.) Do you already have a NMP? ___ yes (please provide us with the most recent year**) ___ no

What you will need to provide during initial meeting:

- Soil test results (within the last 2 years)**
- Field boundaries and names (preferable FSA Farm, Tract, & Field id numbers)**
- Implement details and information
- Crop rotation, yield goals (for the next 5 years)
- Approximate dates of activities, tools used, # of passes
- Water locations in operation
- Artificial drainage practices per field, type of surface drainage

**(electronic preferred, but not required)

____________________________________
Signature

____________________________________
Date

Please return this form to your closest office:

Attn: Tony Campbell  Attn: Linda Lauber  Attn: Brittany Sieler  Attn: Jessie Schulze
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Please visit our website at go.osu.edu/nutrientplanners for more information.