

CONSENT FORM

I hereby affirm that I am aware that a poultry animal feeding operation owned and/or operated by:

Name (Printed)

Address (Printed)

City, State, Zip (Printed)

will be built or expanded at the following location:

which will be located ½ of one mile or less from my primary permanently inhabited residence or my place of business. With this knowledge and my signature below, I willfully grant my consent for the above described facility to be constructed and operated.

Signature

Date

Name (Printed)

Address (Printed)

City, State, Zip (Printed)