



LEVY COUNTY SHERIFF'S OFFICE
AG WATCH ENROLLMENT



EMAIL COMPLETED FORM TO RMCCRACKEN@LEVYSO.COM

Farm Name _____ Owner _____
Mailing Address _____
Farm Address _____
Phone Contact _____ GPS or Premise ID _____

Number of signs requested _____
Please limit the number of signs to no more than the number of gates you have on your property.

Second Contact Name _____
Mailing Address _____
Phone _____

Third Contact Name _____
Mailing Address _____
Phone _____

OFFICE USE ONLY
Date form received: _____
Date signs ordered: _____
Date signs received: _____
Date Ag.Dep. received: _____

AG WATCH ID NUMBER
FL39 _____ (office use only)

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