**This form is available electronically.**

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| **AD-2088**  **U.S. DEPARTMENT OF AGRICULTURE**  (01-19-12) Farm Service Agency  Natural Resources Conservation Service  Rural Development  **RECEIPT OF REQUEST FOR BENEFIT OR SERVICE OFFERED BY USDA** | | | | 1. Fiscal Year |
|  | | | |  |
| **NOTE:** FSA, NRCS, and RD must provide a current or prospective producer or landowner a receipt for service, if requested, at the time any  service or benefit is requested. Original receipt is provided to requestor and a copy must be maintained by the issuing Agency. | | | | |
| 2. Agency *(Check One)*:  FSA  NRCS  RD | | 3. Office Name/Location | | |
|  | |  | | |
| 4A. Name of Requestor | | 4B. Address of Requestor *(Include Zip Code)* | | |
|  | |  | | |
| 5. Request Received *(Check One)*: | | 6. Date of Request *(MM-DD-YYYY)* | | |
| In Person  By Telephone  By e-Mail  By FAX  By Mail | |  | | |
| 7. Summary of Benefit or Service Requested | | | | |
|  | | | | |
| 8. Action Taken or Recommended | | | | |
|  | | | | |
| 9. Additional Comments | | | | |
|  | | | | |
| 10A. Employee Name | 10B. Employee Signature | | 10C. Date *(MM-DD-YYYY)* | |
|  |  | |  | |

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