



SOUTHWEST PRAIRIE TECHNICAL SERVICE AREA

2740 22ND ST. SUITE #4 SLAYTON, MN 56172
 OFFICE: (507) 836-6061 CELL: (507) 829-5359 FAX: (507) 836-6697

Request for Southwest Prairie TSA Assistance

Request:			
Submitted By: _____		SWCD or Agency: _____	
		Date: _____	
General:			
Landowner First Name: _____		Landowner Last Name: _____	
		Company Name: _____	
Address: _____		City: _____	
		State: _____	
		Zip: _____	
Home Phone: _____		Mobile Phone: _____	
		(Optional)	
		Email: _____	
		(Optional)	
Location:			
County: _____		Township Name: _____	
		Section #: _____	
1/4 Section: _____		1/4 -1/4: _____	
		Township: T. _____ N. _____	
		Range: R. _____ W. _____	
Project:			
Project Type: _____ (select one)		Units Applied: _____ Unit Type: _____	
Other: _____			
Funding:			
Funding Type: _____ (Check all that apply)		<input type="checkbox"/> None <input type="checkbox"/> Clean Water Fund <input type="checkbox"/> WRP <input type="checkbox"/> SRF Loan <input type="checkbox"/> (Other) _____ <input type="checkbox"/> State <input type="checkbox"/> Feedlot Water Quality <input type="checkbox"/> RIM <input type="checkbox"/> USFWS <input type="checkbox"/> (Other) _____ <input type="checkbox"/> EQIP <input type="checkbox"/> Watershed <input type="checkbox"/> CRP <input type="checkbox"/> (Other) _____ <input type="checkbox"/> CREP <input type="checkbox"/> Lessard-Sams (LSOH) <input type="checkbox"/> WLI <input type="checkbox"/> (Other) _____	
Assistance Requested:			
Type of Assistance: <input type="checkbox"/> Site Visit /Consultation <input type="checkbox"/> Survey <input type="checkbox"/> Design <input type="checkbox"/> Construction Inspection <input type="checkbox"/> Review (Check all that apply) <input type="checkbox"/> Soil Testing <input type="checkbox"/> Report <input type="checkbox"/> (Other) _____			
Additional Comments:			
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Please attach an aerial photo with the project location marked.			
<u>Mail to:</u> Southwest Prairie Technical Service Area or 2740 22nd St. Suite #4 Slayton, MN 56172		<u>Email to:</u> mskoglund@co.murray.mn.us or russell.hoogendoorn@co.rock.mn.us	
For Staff Use:			
Date Received: _____		Date of Response: _____	
		Project #: _____	