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## PRODUCE SAFETY REQUEST FOR FARM CONSULTATION

Today's Date:

Name:

Address:

City:

State:

Zip:

County:

Phone:

Email:

Email completed form to: [mfout@agri.ohio.gov](mailto:mfout@agri.ohio.gov)

Or mail to:

Ohio Department of Agriculture

Division of Food Safety

8995 E Main St.

Reynoldsburg, OH 43068