Office of the Lieutenant Governor Suzanne Crouch

200 West Washington Street, Suite 333

Indianapolis, IN 46204-2027

**AgriVision Award Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominator’s information** | | |  |
| Full Name | | |  |
| Address | | |  |
| City | State | Zip |  |
| Email Address |  | Phone Number |  |

|  |  |
| --- | --- |
| **Nominee** | |
| Nominee’s Full Name | Nominee’s Job Title, Affiliation |  | Position of the |
| *Please explain why you are nominating them for the AgriVision Award:* | |  |  |
|  | |  |  |

Please email this application to Cathy Weeks at [CaWeeks@isda.IN.gov](mailto:CaWeeks@isda.IN.gov) or mail it to:

**ATTN: Cathy Weeks**

**Indiana State Department of Agriculture**

**One North Capitol Avenue, Suite 600**

**Indianapolis, IN 46204**