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 or mail it to:

**ATTN: Cathy Weeks**

**Indiana State Department of Agriculture**

**One North Capitol Avenue, Suite 600**

**Indianapolis, IN 46204**