

BAYSTATE ORGANIC CERTIFIERS ABUTTER FORM

Name of Neighbor _____

Address _____

_____ Phone # _____

Check the one that applies:

__ I verify that the following fields/areas under my management have had no synthetic fertilizers, herbicides or insecticides applied in the last 12 months. I have no plans to use these synthetic products on these fields in the future 12 months. In the event that I do use any synthetic fertilizers, herbicides or insecticides, I will inform: _____ of my plans.

__ I verify that the following fields/areas under my management have had prohibited pesticides, herbicides or fungicides applied in such a manner as to minimize the risk of drift to the neighboring organic fields and/or applied at a time of the season when the organic crop is either not in the ground or has no marketable above ground parts.

List all substances applied, the method of application and the date(s) of application.

Name and Type of Material	Method of Application	Equipment Used for Application	Date of Application

Specific Field Identification:

Organic field ID #

Neighbor's field identification

I verify that the above information is true and accurate.

Signature of Neighbor

Date Signed