Ontario

Ministry of Agriculture, Food and Rural Affairs

Nutrient Management Strategy Application for Expedited Review
(for requests based on compassionate grounds)

1. Contact Information

Name of Farm Unit Operator

Legal Farm Name

911 Address (Street No., Street Name, RR, Lot, Concession, Township)

City/Town/Village		
	Province	*Postal Code*

Telephone No. *Home (incl. Area code)*	Telephone No. *Business (incl. Area code and ext.)*
E-mail address	Operation Identifier *(if previously assigned by Ministry)*

2. Reason for Expedited Review

Attach to this form a written or typed statement addressing each of the following points:

I. State the date and nature of the event(s) that has caused the need for construction.
II. Provide a description of the location, size and nature of the operation to which the nutrient management strategy will apply.
III. Describe the impact of the event(s) including as appropriate:
   a) Facilities damaged and/or destroyed
   b) The reduction in production capacity or nutrient storage capacity
   c) Actions taken to ameliorate the impact of the event(s)
   d) Assistance or compensation being provided to recover from the event(s)
   e) The expected hardship and timing of the onset of hardship.
   f) Documentation supporting the claim ie. Newspaper clipping, insurance adjustment claim, police report

3. Applicant Declaration

As the farm unit operator, I hereby certify that:

   a. to the best of my knowledge, excluding unforeseen or uncontrollable circumstances, the information contained in this application provides an accurate description of the event(s) leading up to this request,

   b. I understand that in the course of the administration of the Act, the Ministry may provide the information contained in this application to external agents or the Ministry of the Environment for review and analysis, and authorize the Ministry to provide this information to its external agents, and authorize its external agents or the Ministry of the Environment to collect this information from the Ministry.

Name of Applicant *(please print)*	Signature	Date *(yyyy/mm/dd)*