

MN HPAI 2015 Request for Composting, Cleaning and Disinfection Services to be Covered by VS

Site Name: _____

Premises ID: _____

Site Address: _____

Case Manager and Contact Information (cell and email): _____

Valid through date: 00/00/2015

Premises/Farm Contact Name and Number: _____

Work Requested – Check all that Apply

- Composting*
- Cleaning*
- Disinfection*

Details for Work to be performed: Please include number of barns, dimensions of each barn, and specific details if needed (For example – If composting is selected, does the producer just want us to set the compost pile or do they want us to have someone create the initial pile and come back to turn the pile etc...):

Preferred Start Date or Date Range: From _____ To _____

Actual Dates of Service (Fill out when work starts and ends): _____

Contractor Assigned (for logistics use only): _____