



LEVY COUNTY SHERIFF'S OFFICE  
AG WATCH ENROLLMENT



**EMAIL COMPLETED FORM TO AKIGHT@LEVYSO.COM**

Farm Name \_\_\_\_\_ Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Farm Address \_\_\_\_\_  
Phone Contact \_\_\_\_\_ GPS or Premise ID \_\_\_\_\_

Number of signs requested \_\_\_\_\_  
*Please limit the number of signs to no more than the number of gates you have on your property.*

Second Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_

Third Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_

**OFFICE USE ONLY**  
Date form received: \_\_\_\_\_  
Date signs ordered: \_\_\_\_\_  
Date signs received: \_\_\_\_\_  
Date Ag.Dep. received: \_\_\_\_\_

**AG WATCH ID NUMBER**  
**FL39** \_\_\_\_\_ (office use only)

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