

# Change of County Request Form: Heifers



Exhibitor name:

Original county:

State validation UIN number(s):

New county:

Reason for changing county:

Name of supervising CEA/AST in original county:

Name of supervising CEA/AST in new county:

Name of County Level State Heifer Validation Chairperson:

Name of parent or legal guardian:

Phone number of parent or legal guardian:

Old Physical Address where livestock were cared for by exhibitor:

New Physical Address where livestock will be cared for by exhibitor:

By signing this document I agree that all of the information above is correct to the best of my knowledge.

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Exhibitor signature and date

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Parent or legal guardian signature and date

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Supervising CEA/AST original county signature and date

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Supervising CEA/AST new county signature and date

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County Level State Heifer Validation Chairperson signature and date

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District Extension Administrator(s) signature and date