

This form is available electronically.

<b>FSA-272</b> (proposal 1)		<b>U.S. Department of Agriculture</b> Farm Service Agency  <b>On-Farm Storage Loss Certification</b>			1A. County FSA Office Name and Address <i>(Include Zip Code)</i>			
					1B. Telephone Number <i>(Include Area Code)</i>			
2. Name and Mailing Address of Producer					3. Year of Loss		4. Description of Weather-Related Event	
5. Bin or Structure Identifier	6. Location State/County	7. Commodity <i>(Include Class or Type)</i>	8. Is Quantity Comingled	9. Date of Loss	10. Description of Damage <i>(Include any evidence of loss)</i>		11. Loss Quantity	
<b>12. Producer Certification</b> <i>The undersigned producer(s) ("Producer") requests a payment on the commodity(ies) identified on this form with respect to the quantity specified in Item 11. The Producer certifies that, (1) the Producer produced the damaged commodity and had beneficial interest in the quantity shown in Item 11; (2) the damage occurred to the commodity while stored in the structure identified in Item 5; (3) the storage location was on a farm with the location identified in Item 6; (4) the quantity of the commodity listed in Item 11 was damaged and unable to be marketed; (5) the damage was a direct result of a qualifying weather related event described in Item 4; and (6) the producer was unable to salvage the commodity stored as a result of the damage identified in Item 10.</i>								
13. Are you or any co-applicant delinquent on any federal non-tax debt? <i>(If "YES", provide details in Item 14)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO								
14. Remarks:								
15A. Producer's Name		15A. Producer's Signature (By)			15 B. Title/Relationship of the Individual Signing in a Representative Capacity		15C. Date (MM-DD-YYYY)	
15A. Producer's Name		15A. Producer's Signature (By)			15 B. Title/Relationship of the Individual Signing in a Representative Capacity		15C. Date (MM-DD-YYYY)	
15A. Producer's Name		15A. Producer's Signature (By)			15 B. Title/Relationship of the Individual Signing in a Representative Capacity		15C. Date (MM-DD-YYYY)	
<b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form [redacted]. The information will be used to determine [redacted]. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in [redacted].  <b>Paperwork Reduction Act (PRA) Statement:</b> [redacted]								
The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b>								

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.