| This form is available electronically. | | | |
|--|--|--|---------------------------------------|
| U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | | 1A. County Name and Address (Including Zip Code) | |
| LIEN WAIVER | | County Office Telephone Number (Including Area Code) | |
| | | 1C. County Fax Number (Including Area Code) | |
| 2. Name and Address of Producer (Including Zip Code | 3. Crop Year | 4. Commodity | |
| NOTE: 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 is 7 CFR Part 1421, 7 CFR Part 1427, 7 CFR Part 1435, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits. The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. | | | |
| 5. The undersigned is the holder of a lien on the commodity as collateral for a Commodity Creinterest in, and title to, such commodity. The check one of the following): | edit Corporation ("CCC") loan | n, with respect to CCC only, th | ne undersigned waives all |
| (a) To the producer. | | | |
| (b) _ Jointly to the producer and the undersigned | ed lienholder. | | |
| (c) Dointly to the producer and the undersigned | ed lienholder, less (1) \$ | administrative offset | · · · · · · · · · · · · · · · · · · · |
| and charges due (3) | | | (Date) |
| 6. Name and Address of Lienholder or Authorized Age | nt | | |
| 7A. Lienholder Signature (By) | 7B. Title/Relationship (of the Inc Representative Capacity) | lividual Signing in the | 7C. Date |
| 7A. Lienholder Signature (By) | 7B. Title/Relationship (of the Inc. Representative Capacity) | lividual Signing in the | 7C. Date |

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