LOUISIANA DEPARTMENT of AGRICULTURE & FORESTRY
MIKE STRAIN, DVM *Commissioner*

HORTICULTURE COMMISSION
5825 Florida Blvd., Suite 1003
Baton Rouge, LA 70806
(225) 952-8100, FAX (225) 925-3760

TAG ORDER FORM

NURSERY NAME: _____

STREET ADDRESS OF NURSERY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARISH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

NUMBER OF TAGS: _____ X $0.10 FEE = _____ AMOUNT DUE

SIGNATURE: _____

DATE: _____

EMAIL ADDRESS: _____

PLEASE ALLOW AT LEAST THREE WEEKS FOR DELIVERY.

THIS SECTION IS FOR LDAF OFFICE USE ONLY

Tags Numbers From: _____

To: _____

Date Mailed: _____

Signature: _____

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. $	.00