

**Affidavit/Grower Certificate  
Starkville Community Market**

I \_\_\_\_\_, County Extension Agent, in  
NAME OF EXTENSION AGENT

\_\_\_\_\_ County, Mississippi, certify that  
COUNTY

\_\_\_\_\_ of  
NAME OF GROWER AND FARM NAME

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
PHYSICAL ADDRESS OF GROWER STATE ZIP CODE

is a farm producer in \_\_\_\_\_ County, on \_\_\_\_\_ total acres,  
COUNTY

and produces \_\_\_\_\_ acres of fruits, vegetables, or flowers for sale, and meets the requirements for **LOCALLY GROWN** produce for the purposes of sale at the Starkville Community Market.

**PRODUCER CROP LIST PROJECTION**

<b>CROP</b>	<b>PLANTING DATE</b>	<b>YIELD/SELL DATE</b>

\_\_\_\_\_  
SIGNATURE OF EXTENSION AGENT DATE

\_\_\_\_\_  
SIGNATURE OF GROWER DATE

**RETURN COMPLETED FORMS TO:**  
 Paige Watson, Starkville Community Market Manager  
 200 East Main Street, Starkville, MS 39759  
[pwatson@starkville.org](mailto:pwatson@starkville.org) 662-323-3322