



## 2018-2019 Livestock Owner Registration For Early Re-Entry into Brazoria County Following a Mandatory Evacuation

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Ranch/Farm Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(No Post Office Boxes)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Texas Drivers License #: \_\_\_\_\_

Did you apply for Early Re-Entry in **2016**?  Yes  No **2017**?  Yes  No

Are you willing to give aid should the Animal Issues Committee call upon you?  **Yes**  No

What resources do you have available?

- |  |  |
|--|--|
| <input type="checkbox"/> Portable Water Troughs  | Number And Size _____  |
| <input type="checkbox"/> Portable Water Tank     | Number And Size _____  |
| <input type="checkbox"/> Portable Panels         | Number And Size _____  |
| <input type="checkbox"/> Portable Corral         | <input type="checkbox"/> Hay Van <input type="checkbox"/> Horse w/Rider              |
| <input type="checkbox"/> Stock Trailer           | <input type="checkbox"/> Flat Bottom Boat w/ Motor <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Flat Bed/Lowboy Trailer | <input type="checkbox"/> Air Boat <input type="checkbox"/> ATV                       |
| <input type="checkbox"/> Other _____             |  |

In what area of the county is your livestock operation located (use road #s & intersections)?

\_\_\_\_\_  
\_\_\_\_\_

**Employees/Family** who will also need Early Re-Entry?

Full Name

Texas Driver's License #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When all information is completed, return or mail to Jean Godwin at the  
Texas A&M AgriLife Extension Office - Brazoria County 21017 CR 171, Angleton, TX 77515



For Office Use Only — Mailed \_\_\_\_\_ Picked Up \_\_\_\_\_

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By utilizing this system, you agree to the following policies regarding early reentry to Brazoria County after an emergency event:

1. By applying for a reentry letter, I understand and agree that the entity requesting early reentry for company personnel is solely responsible for food, shelter, fuel, and all other resources necessary to support the employee being submitted.
2. I understand that no health care facilities may be available for the employee and that providing care for any injured or ill employee is solely the responsibility of the employer until the required critical infrastructure is restored.
3. I understand that the reentry letter only allows the employee to return to his place of work and that it does not guarantee passage to any location.
4. I understand that only the employee named on this letter is authorized to reenter and that no one else may accompany the employee unless they also possess an early return letter bearing their name.
5. I understand that if any employee violates the terms of this agreement or for any other reason, the letter may be revoked without notice by any law enforcement agent or the authorizing agency.
6. I understand that this letter is only good for the term stated in the letter and must be renewed annually.
7. I understand that this letter is and will remain the property of the Authorizing agency and must be presented to any Federal, State, County, or Municipal agent on demand.
8. I understand that falsification of this document is a crime and will be prosecuted to the full extent of the law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature