

Dexter Community Farmers Project Survey

(all information you provide will be confidential unless otherwise noted) Yes ___ No ___

Farm Name (optional) _____ Date _____

Name (optional) _____ E Mail _____

Address (optional) _____

Farm location (optional) _____ Phone _____

Is your farm: Conventional _____ Transitional _____ Organic Practices _____ Organic _____

Present number of tillable acres planted _____ Potential production acreage _____

Would you plant additional crops and/or acres if the demand is there? Yes ___ No ___

Do you grow or produce the following? Check the applicable box...

Dairy	Produce	Eggs	Meat
Honey	Maple Syrup	Fruit	Non Eatables
Fiber	Grains	Value Added	Compost
Hay/Straw	Wood	Seedlings	Other (list below)

Other: _____

Where do you presently sell your Products by percentage?

Roadside stand ___

Farmers market ___

On the farm ___

Other ___ location _____

Are you interested in supplying the Fossa Store for retail wholesale and/or online markets? Yes ___ No ___

What are your expectations of this Retail Market? _____

Are you interested in participating in meetings or be put on the email list? Yes ___ No ___

Additional comments, suggestions : _____

Return to: Judy Wilbur Craig

Farm Project Coordinator

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