



**LAUDERDALE COUNTY**  
**ROAD & BRIDGE DEPARTMENT**

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**Livestock/Poultry Burial Form**

**Mississippi Code § 19-5-15 - Burial of Livestock; Burial of Poultry in Emergencies**

**1. Livestock (Epidemic):**

The board of supervisors of any county is authorized to use the road equipment and employees of the county to bury livestock **which died as a result of an epidemic**, whenever any licensed veterinarian shall certify to the board or any member thereof that there is an **epidemic, contagious disease**, among the livestock of the county or any portion of the county and immediate burial is necessary in order to prevent the spread of a contagious disease and would be in the best interest of the community wherein livestock have contracted such disease.

**2. Poultry (Disaster or Emergency in Large Operations):**

- a. If a concentrated animal feeding operation contains at least ten thousand (10,000) heads of poultry per house, the board of supervisors of any county may use the road equipment and employees of the county to bury the poultry that has died as the result of a natural or man-made disaster or other emergency situation;
- b. The board shall spread upon its minutes an order declaring that it will be the policy of the board to bury such poultry as authorized by this section;
- c. Any poultry buried under this section shall be buried according to the requirements and regulations of the Mississippi Board of Animal Health;
- d. Before the county buries poultry, the owner shall give written permission and execute a release and waiver of liability to the county for any loss or damage that may result from the burying of the poultry.

**3. Location of Burial:**

Any livestock or poultry buried under this section shall be buried on the premises of the owner of the livestock or poultry, the property provided by the owner, or an approved site.

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**Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Certification**

*I hereby certify that this burial adheres to Mississippi Code § 19-5-15.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

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**Return**

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