

CIAB
FORM #1

Weekly Raw Product Report

OMB # 0581-0177

Cherry Industry Administrative Board

Week Ending:	_____
Final Report:	_____

P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

Report receipts of fruit starting with the first week of harvest and pack and continue until the harvest is completed. The report is due in the CIAB office by close of business, Eastern Time, on Monday following each week of harvest. Indicate the Final Report when it is submitted.

Handler: _____ Handler ID# _____
 Address: _____
 City, ST Zip: _____
 Telephone No.: _____

RAW PRODUCT RECEIVED By District of Production	WEEKLY PRODUCTION Total of Fruit Received	YEAR to DATE Total of Fruit Received
01 NW Michigan	_____	_____
02 WC Michigan	_____	_____
03 SW Michigan	_____	_____
04 New York	_____	_____
05 Oregon	_____	_____
06 Pennsylvania	_____	_____
07 Utah	_____	_____
08 Washington	_____	_____
09 Wisconsin	_____	_____
TOTAL RECEIPTS:	_____	_____

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct report of product received by the Handler for the indicated period.

By: _____
 Title: _____
 Date: _____

(see other side for additional information)

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