CHERRY INDUSTRY ADMINISTRATIVE BOARD TART CHERRY ORCHARD MAR

GROWER NAME: CIAB #: PHONE:													
ADDRESS:				CITY:		STATE:							
BLOCK NAM	ME:			BLOCK #:		COUNTY:							
BLOCK LOCATION.													
(Provi	•	Township: Section #:	a	T:R:	S: _(72N, R1W, S12)	GPS Info, Optional and if Available Lat. Long. Row 1, Tree 1 ,,,,,,,							
GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES													
ACRES: SPACING: ' x ' VARIETY: Montmorency Balaton Image: Meteor EST. OF LIVE TREES REMAINING: % (optional) Image: Other													
ROW NO. 1	IS ON THE 🛄 🛛	North <mark>D</mark> Sout	h <u>D</u> I	East 🛄 West	SIDE OF THE	FIELD.							
ROW NO. 1 IS ON THE North South East West SIDE OF THE FIELD. PLEASE NOTE: PLEASE MAP THE BLOCK AS IT WAS ORIGINALLY PLANTED.													
ROW NO.	TREES IN	YEAR	ROW	TREES IN	YEAR	ROW	TREES IN	YEAR					
	ROW	PLANTED	NO.	ROW	PLANTED	NO.	ROW	PLANTED					
1			25			49							
23			26 27			50 51							
4			27			51							
5			28			53							
6			30			54							
7			31			55							
8			32			56							
9			33			57							
10			34			58							
11			35			59							
12			36			60							
13			37			61							
14			38			62							
15			39			63							
16			40			64							
17			41			65							
18			42			66							
19			43			67							
20			44			68							
21			45			69							
22			46			70							
23			47			71							
24			48			72							

IF THE BLOCK IS LARGER THAN 72 ROWS, USE ANOTHER MAP FOR THE CONTINUATION AND INDICATE THAT THE SECOND MAP IS A CONTINUATION OF THE FIRST.

ATTACH OR DRAW MAP(S) THAT SHOWS BLOCK LOCATION USING SECTIONS, TOWNS, ROADS, and/or OTHER IMPORTANT LANDMARKS SO THAT THE BLOCK CAN BE EASILY FOUND.

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT MAPPING OF THE ORCHARD TO WHICH IT APPLIES.

Grower Signature _____ Date: _____

CHERRY INDUSTRY ADMINISTRATIVE BOARD GROWER DIVERSION APPLICATION

Crop Year 20xx

To divert cherries in your orchard for Crop Year 20<u>xx</u>, this form must be filed at the CIAB office **no later than April 15, 20<u>xx</u>**. Along with this application, new and/or updated orchard maps for the diverted blocks must also be submitted.

Name of Grower:						Grower #:	
Address:							
City:				State	 Zip		
Phone number:	() _					

This section must be completed. (Indicate all appropriate responses.)

- A. _____ I have carefully reviewed the orchard maps sent to me by CIAB after January 20___ and there are <u>NO changes to any of those blocks represented by those printouts</u>. I certify those printouts are a true and accurate representation of my current orchard blocks.

(Number of maps)

I agree by participating in this diversion program that I will abide by the rules and regulations hereby established by the Board for diversion.

AUTHORIZATION FOR LIMITED SHARING OF INFORMATION

By marking this box I authorize the CIAB and the various state statistical services, including the Michigan, New York, Oregon, Pennsylvania, Utah and Wisconsin Agricultural Statistic Services, to share information regarding the layout, location and composition of my tart cherry orchards. I recognize that this sharing of information will streamline the reporting of this information to both the CIAB and the statistical services. This authorization shall continue for the next 5 years unless it is revoked by me in writing.

Signature:

Dated:

Return by April 15, 20xx to:

Cherry Industry Administrative Board 12800 Escanaba Drive, Suite A P.O. Box 388 DeWitt, MI 48820-0388 Phone: (517) 669-1070 Toll Free: (888) 639-2422 Fax: (517) 669-1260

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