

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
TART CHERRY ORCHARD MAP**

OMB No. 0581-0177

GROWER NAME:		CIAB #:	PHONE:
ADDRESS:		CITY:	STATE: ZIP:
BLOCK NAME:		BLOCK #:	COUNTY:
BLOCK LOCATION: <small>(Provide available info.)</small>		GPS Info, Optional and if Available	
Township: _____		T: _____ R: _____ S: _____	
Section #: _____		<small>(Example: T2N, R1W, S12)</small>	
NEAREST CROSSROADS: _____ and _____		Row 1, Tree 1	Lat. Long.
LOCATION DIRECTIONS:		Point 2 / "
		Point 3 / "
		Point 4 / "
		Point 5 / "
		Point 6 / "

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES			
ACRES: ____ . ____	SPACING: ____ ' x ____ '	VARIETY: <input type="checkbox"/> Montmorency <input type="checkbox"/> Balaton <input type="checkbox"/> Meteor	
EST. OF LIVE TREES REMAINING: ____ %		(optional) <input type="checkbox"/> Other	

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 ROW	YEAR PLANTED	ROW NO.	TREES IN ROW	YEAR PLANTED	ROW NO.	TREES IN ROW	YEAR PLANTED
1			25			49		
2			26			50		
3			27			51		
4			28			52		
5			29			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 20xx, this form must be filed at the CIAB office **no later than April 15, 20xx**. 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 **NO changes to any of those blocks represented by those printouts**. I certify those printouts are a true and accurate representation of my current orchard blocks.
- B. _____ Attached are _____ revised orchard maps. The rest are the same
- C. _____ Attached are _____ new orchard maps.
 (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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