

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.: \_\_\_\_\_  
 \_\_\_\_\_

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

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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