

RETURN RECEIPT OF KIWIFRUIT TO GROWER

TO: Kiwifruit Administrative Committee
 P.O. Box 1233
 Reedley, CA 93654
 Phone: (559) 638-5951, (559) 906-4687
 Fax: (559) 637-0045

This form is used to verify provisions of the marketing order and to serve as proof of fruit ownership when transporting/selling fruit. Keep the original of this form on file, mail or fax a copy to the KAC office, and give a copy to the grower.

LEGAL OWNER (Grower's Name)	
Address	
City/State/Zip	
Telephone Number	

Type of Container	
Number of Containers	
Approximate Total Pounds	
Container Markings	

Fruit Picked Up From (check one):

Packer Handler Shipper Cold Storage

Name of Firm Where Fruit Picked Up From	
Address	
City/State/Zip	
Telephone Number	

Signature of Grower _____ **Date:** _____

Signature of Firm Owner or Employee _____ **Date:** _____

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