

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

GROWER NAME:	CIAB #:	PHONE:
ADDRESS:	CITY:	STATE: ZIP:
BLOCK NAME:	BLOCK #:	COUNTY:
Township: _____ Section #: _____ <div style="text-align: right; margin-top: 10px;">T: _____ R: _____ S: _____ (Example: T2N, R1W, S12)</div>		
NEAREST CROSSROADS: _____ and _____		
LOCATION DIRECTIONS:		

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES	
ACRES: _____ SPACING: <input type="checkbox"/> x <input type="checkbox"/> EST. OF LIVE TREES REMAINING: _____ %	VARIETY: <u>Montmorency</u> <u>Balaton Meteor</u> (optional) <u>Other</u>
ROW NO. 1 IS ON THE <u>North</u> <u>South</u> <u>East</u> <u>West</u> 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 20

To divert cherries in your orchard for Crop Year 20xx, this form must be filed at the CIAB office **no later than April 15, 20**____. 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, 20_____ **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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