

**United States Department of Agriculture  
Agricultural Marketing Service**

**OFFICIAL REFERENDUM BALLOT  
WATERMELON RESEARCH AND  
PROMOTION PLAN**

To be counted, completed ballots must be received by the U.S. Department of Agriculture on XXX, 20XX, by 4:30 p.m. Eastern Time.

**NOTE: Only one vote will be counted for each eligible producer, handler and importer. Incomplete ballots may be INVALID and may not be counted in the referendum.**

PLACE LABEL HERE

**I. ELIGIBILITY**

- \_\_\_\_\_ I am currently a **PRODUCER** of watermelons and I produced \_\_\_\_\_ acres/pounds of watermelons between Month xx, 20XX and Month xx, 20XX.
- \_\_\_\_\_ I am currently a **HANDLER** of watermelons and I handled \_\_\_\_\_ acres/pounds between Month xx, 20XX and Month xx, 20XX.
- \_\_\_\_\_ I am currently an **IMPORTER** of watermelons and I imported \_\_\_\_\_ acres/pounds of watermelons between Month xx, 20XX and Month xx, 20XX.

**II. VOTE**

Instructions: Mark one box only.

**Do you favor the continuance of the [amendment (s)]  
Watermelon Research and Promotion Plan?**

YES \_\_\_ NO \_\_\_

**III. CERTIFICATION AND SIGNATURE**

ALL BALLOTS MUST BE SIGNED BELOW IN ORDER TO BE COUNTED.

I **CERTIFY** that the information contained on this ballot is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. If this ballot is being cast on behalf of any group of individuals, partnership, corporation, or other business entity engaged in the producing, handling or importation of watermelons, I also **CERTIFY** that I have the authority to cast this ballot and will submit evidence thereof if so requested by the Referendum Agent.

X \_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
COMPANY NAME (print) BUSINESS TELEPHONE NUMBER

COUNTY \_\_\_\_\_

**IV. MAILING**

**Return ballot in the enclosed, postage-paid envelope.**

If postage-paid envelope is not available, mail your ballot(s) to:

U.S. Department of Agriculture, AMS  
WATERMELON REFERENDUM  
XXXXXXX  
City, State Zip

FALSIFICATION OF INFORMATION OR MISREPRESENTATION OF IDENTITY ON THIS GOVERNMENT DOCUMENT MAY RESULT IN A FINE OF NOT MORE THAN \$10,000, OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. (18 U.S.C. 1001)

According to the Paperwork Reduction Act of 1995, an agency may or may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for the information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6282 (TDD). USDA is an equal opportunity provider and employer.

WAT-ORB (rev. 12/13) Destroy previous editions.