

**UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAM**

Address: XXX
XXX
Phone: XXX
Fax: XXX
E-mail: XXX

XXX FEDERAL MILK ORDER XXX

Request for Cooperative Pool Manufacturing Plant System Status

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UNITED STATES DEPARTMENT OF AGRICULTURE

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DAIRY PROGRAM

Form Approved, OMB No. 0581-0032

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XXX FEDERAL MILK ORDER XXX

Request for Cooperative Pool Manufacturing Plant System Status

Date: _____
To: Market Administrator
From: _____
(Cooperative Handler Name which is Responsible for System)
Subject: Request for Cooperative Pool Manufacturing Plant System Status

The cooperative(s) listed in Section 2 hereby request(s) pool plant status for the plants identified below:

Section 1: Sequence of Cooperative Manufacturing Plants Within System			
Plant Names	Affiliation*	City	State

* Abbreviated cooperative name.

Section 2: Names/Signatures of Cooperative Representatives Within System		
Cooperative Name Name of Representative/Title**	Signature	Date

** Persons signing System forming document must be authorized to sign reports.

Section 3: Effective Date	
Month:	Year: