

RETURN RECEIPT OF KIWIFRUIT TO GROWER

TO: Kiwifruit Administrative Committee
 1521 "I" Street
 Sacramento, CA 95814
 Phone: (916) 441-0678
 Fax: (916) 446-1063 Email: calkiwi@agamsi.com

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 Committee 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:** _____

According to the Paperwork Reduction Act of 1995, an agency 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 this information collection is OMB 0581-0189. The time required to complete this information collection is estimated to average 5 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.