**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: \_\_\_\_\_\_\_\_\_**

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