

UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

DAIRY PROGRAM

Form Approved, OMB No. 0581-0032
Exp. XX/XXXX

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

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 |
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* Abbreviated cooperative name.

| Section 2: Names/Signatures of Cooperative Representatives Within System | | |
|--|-----------|------|
| Cooperative Name Name of Representative/Title** | Signature | Date |
| | | |
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** Persons signing System forming document must be authorized to sign reports.

Section 3: Effective Date

Month: _____ Year: _____

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