

**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 NO.

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, IMPRISONMENT FOR NOT MORE THAN 5 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.

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