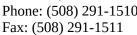
CRANBERRY MARKETING COMMITTEE

219A Main Street Wareham, MA 02571 Phone: (508) 291-1510





DECLARATION OF ALLOTMENTS

Name:	
Name: Address:	
City, State, Zip code:	
Phone (include area code):	
This letter is being sent for the following reason(s):	
20 crop year you sold processing fruit to	ocessing fruit to more than one handler during the name of the handler(s) to whom you will be
According to our records your allotment for the 20 crop year is barrels.	
name of each handler to whom you will be deliv	otment among more than one handler, provide the ering processed fruit, and the amount of allotment ng fruit allotment distributed amongst the handler(s)
Handler Name	Allotment Amount (Barrels)

This form is to be filed with the Cranberry Marketing Committee (Committee) on or before July 27, 20____. If this form, and the information requested, is not filed with the Committee by July 27, 20____, your allotment will be allocated to the handler to whom you delivered during the 20____ crop year. If there is more than one handler to whom you delivered during the 20___ crop year, the allotment will be split evenly and allocated to each handler accordingly.

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 20 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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.