

UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

DAIRY PROGRAM

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

Address: XXX
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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

* Abbreviated cooperative name.

Section 2: Names/Signatures of Cooperative Representatives Within System		
Cooperative Name Name of Representative/Title**	Signature	Date

** Persons signing System forming document must be authorized to sign reports.

Section 3: Effective Date

Month: _____ Year: _____

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