



**MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
AGRICULTURAL MARKETING & BARGAINING ACT
P.O. BOX 30017, LANSING, MICHIGAN 48909**

The information requested herein is required by Act 344, P.A. 1972, as amended.

GROWER DATA REPORT FORM
(FOR USE WITH GROWER LIST)

HANDLER BUSINESS NAME	PHONE	DATE
ADDRESS (INCLUDE STREET NUMBER/NAME)	COMMODITY APPLE ASPARAGUS	CROP YEAR
CITY, STATE, ZIP	UNIT OF MEASURE	

Check the statement(s) that apply for the crop year being reported, if applicable:

Our firm has no purchases to report.

Our firm has not finished purchasing this year's crop. (Submit preliminary report)

Our firm does not anticipate purchasing in the future; however, if our plans change, we will notify your office.

I hereby certify that to the best of my knowledge, the information supplied herewith is a complete report of all processing purchases as of the date noted above.

X _____
SIGNATURE OF RESPONSIBLE PARTY EMAIL ADDRESS

AMBA GROWER ID NUMBER OR "FH" (First Handler) when appropriate	REGISTERED GROWER NAME, If Grower ID Number is <u>NOT</u> given, <u>COMPLETE</u> name, address, and phone number is required	PROCESSING VOLUME FOR THIS GROWER	GROSS VALUE BEFORE DEDUCTIONS	COOPERATIVES ONLY: Mark box if non-cooperative purchase

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