Georgia Agricultural Commodity Commission for Blueberries Marketers Assessment Remittance Form

DATE:						
FROM:	Name Address			PLEASE REMIT TO: Georgia ACC for Blueberries 19 MLK Jr. Drive S.W., Room 324 Atlanta, Georgia 30334 (404) 656-3678		
	Phone					
FOR M	ARKETING SEASON _					
NUMBI	ER OF TONS	x \$ 5.00 =	AMOUN	T REMITTED		
Is this th	ne last report of the seaso	on? Yes No				
		REPORTED BY:	Name			
		TITLE:	Title			
the repo	ort below COMPLET		er/Farm you are rem	E BY NOVEMBER 30th. Please fill out itting for, including address. If you		
	•		•	er/Farm during that reporting period.		
ADDIT		L BE SENT UPON REQUEST. TH		R COOPERATION. FOR FURTHER		
NAME:	·			TONS PURCHASED		
ADDRE	ESS:					
NAME:				TONS PURCHASED		
ADDRE	ESS:					
NAME:	·			TONS PURCHASED		
ADDRE	ESS:					
				ΓONS PURCHASED		
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