Georgia Agricultural Commodity Commission for Pecans

19 MLK Jr. Drive SW Room 324 Atlanta, Georgia 30334 (404) 656-3678 Fax: (404) 656-9380

PECAN FIRST HANDLER ASSESSMENT FORM

DATE: _					
FROM:					
	Name of First Handler/Purchaser				SSN or ID#
	Address				
	Phone	_			Email Address
CROP Y	EAR				
REPORT	TING PERIOD FOR THE MONTH ENDII	NG:		, 20	
NUMBE	R OF POUNDS PURCHASED				
\$0.01 P	ER POUND ASSESSMENT DUE COMN	/IISSION			
IS THIS	THE LAST REPORT OF THE SEASON?	(CIRCLE ONE)	YES	NO	
	REPORTED BY				
		Name (PLEASE PI	KINT NAME)	
		Title			

PLEASE **COMPLETELY** FILL OUT THE FIRST HANDLER'S REPORT (PAGE 2 OF THIS DOCUMENT). PLASE LIST THE PRODUCER NAME, FARM NAME, TAX ID, POUNDS PURCHASED, AND MAILING ADDRESS OF THE INDIVIDUAL PRODUCERS YOU ARE REMITTING ASSESSMENT ON BEHALF OF. A COMPUTER PRINTOUT OR SEPARATE LIST IS ACCEPTABLE.

PLEASE REMIT ASSESSMENTS BY THE 10TH OF EACH MONTH.

PLEASE SEND *BOTH* THIS REPORT AND A CHECK MADE PAYABLE TO THE **GEORIGA AGRICULTURAL COMMODITY COMMISSION FOR PECANS** IN THE TOTAL AMOUNT SHOWN ABOVE TO:

Georgia Agriculture Commodity Commission for Pecans 19 Martin Luther King Dr. SW Room 324 Atlanta, GA 30334

FIRST HANDLER'S REPORT

IT IS NOT NECSSARY TO LIST EVERY TRANSACTION MADE WITH AN INDIVIDUAL PRODUCER. SIMPLY NOTE THE TOTAL AMOUNT OF PECANS PURCHASED FROM EACH PRODUCER DURING THIS REPORTING PERIOD.

PRODUCER NAME:	FARM NAME:	
	POUNDS PURCHASED:	
MAILING ADDRESS:		
PRODUCER NAME:	FARM NAME:	
	POUNDS PURCHASED:	
	FARM NAME:	
	POUNDS PURCHASED:	
	_FARM NAME:	
	POUNDS PURCHASED:	
	FARM NAME:	
	POUNDS PURCHASED:	
PRODUCER NAME:	FARM NAME:	
	POUNDS PURCHASED:	
MAILING ADDRESS:		
PRODUCER NAME:	_FARM NAME:	
	POUNDS PURCHASED:	
MAILING ADDRESS:		

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL REPORTS AS NECESSARY.