



FINAL PACKOUT REPORT
CROP YEAR 2013/2014

OMB No: 0581-0189

Kiwifruit Administrative Committee (KAC)
Mail to: 1521 "I" Street, Sacramento, CA 95814
or Fax to (916) 446-1063; Email: Calkiwi@agamsi.com
KAC Phone #: (916) 441-0678

COMPANY: _____
CONTACT: _____
PHONE #: _____

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Report is due within thirty (30) days after all fruit has been shipped.

PACK STYLE - ENTER PACK STYLES USED AT THE TOP OF EACH COLUMN

Grower and Farm Name (Please list each entity/farm separately)	Mailing Address City/State/Zip	County Farm Located	PACK STYLE - ENTER PACK STYLES USED AT THE TOP OF EACH COLUMN						Kiwifruit Acreage
Subtotal from other pages									
Totals									

I hereby certify to the best of my knowledge and belief that this report is true and complete. I understand that records from which this report is compiled are subject to audit and must be preserved for a period of two years:

Date:	Signature:	Title:
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