

RETURN RECEIPT OF KIWIFRUIT TO GROWER

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

This form is used to verify provisions of the Marketing Order and to serve as proof of fruit ownership when transporting/selling fruit. Keep the original of this form on file, mail or fax a copy to the Committee office, and give a copy to the grower.

LEGAL OWNER (Grower's Name)	
Address	
City/State/Zip	
Telephone Number	

Type of Container	
Number of Containers	
Approximate Total Pounds	
Container Markings	

Fruit Picked Up From (check one):

Packer___ Handler___ Shipper___ Cold Storage___

Name of Firm Where Fruit Picked Up From	
Address	
City/State/Zip	
Telephone Number	

Signature of Grower _____ **Date:** _____

Signature of Firm Owner or Employee _____ **Date:** _____

NOTE: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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