Georgia Agricultural Commodity Commission for Pecans

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

PECAN GROWER ASSESSMENT FORM

DATE:					
FROM:	Name of Grower/Producer				SSN or ID#
	Address				
	Phone				Email Address
CROP Y	EAR				
REPOR	TING PERIOD FOR THE MONTH ENDI	NG:		, 20	
NUMBE	ER OF POUNDS SOLD				
\$0.01 P	ER POUND ASSESSMENT DUE COMM	/IISSION			
IS THIS	THE LAST REPORT OF THE SEASON?	(CIRCLE ONE)	YES	NO	
	REPORTED BY				
		Name (PLEASE PRINT NAME)			
		Title			

THIS ASSESSMENT APPLIES TO THE PRODUCER OF GEORGIA PECANS AND IT IS THE SOLE RESPONSIBILITY OF THAT PRODUCER TO MAKE SURE THIS ASSESSMENT IS REMITTED. PLEASE REMIT ASSESSMENTS AT THE END 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 ACC FOR PECANS

19 MLK Jr. Drive SW Room 324 Atlanta, Georgia 30334

Rev. October 2014