

GEORGIA DEPARTMENT OF AGRICULTURE
ACCM MILK REQUEST FORM

Event Information

Event Name _____ Date Submitted _____

Event Location _____ Event Date(s) _____

AMOUNT AND TYPE OF PRODUCT REQUESTED & SIZE OF CONTAINER:

Delivery Information

Delivery Date _____

Deliver to Address _____

_____ Room#, Suite #, Etc _____

Contact Person at Delivery Location _____

Phone No. and Email of Contact _____

Briefly outline how these products will be used to promote sales of dairy products or educate participants about benefits of milk: _____

*****Boxes and freezers for milk and ice cream are no longer available you will be responsible for storing the products.**

APPROVED BY _____ DATE _____

In requesting these dairy products, I agree that it is my responsibility to promote and distribute the promotional, nutrition and educational material provided.

Address promotional material should be sent to:

Organization

Representative

FOR DAIRY DIVISION USE ONLY

PLANT CONTACTED _____

PERSON CONTACTED AT PLANT _____

DATE ORDERED _____ DELIVERY TIME _____