

Georgia Agricultural Commodity Commission for Citrus Marketer /Packer Assessment Remittance Form

DATE: _____

FROM: _____

Name

Address

Phone

PLEASE REMIT TO:

Georgia Citrus Commission
19 MLK Jr. Drive S.W., Room 324
Atlanta, Georgia 30334
(404) 656-3678

FOR MARKETING SEASON _____

Number of pounds _____ x \$ 0.002 per pound of fruit produced and marketed = _____ AMOUNT REMITTED
(Pounds x 0.002= Amount)

Is this the last report of the season? Yes _____ No _____

Are you reporting for other growers or self _____

REPORTED BY: _____
Name

TITLE: _____
Title

PLEASE REMIT MONTHLY

Please REMIT FINAL ASSESSMENT AT THE END OF THE MARKETING SEASON, **DUE BY March 30th**. Please fill out the report below **COMPLETELY**. **Please list below the Grower/Farm you are remitting for, including address.** If you run out of room, please remit on a separate sheet of paper and spreadsheets are acceptable. Even if the growers does not meet the 50,000 pound threshold, please list the producer and pounds

Please do not list each transaction, only the total amount purchased from each Grower/Farm during that reporting period.

. *THANK YOU FOR YOUR COOPERATION.* FOR FURTHER INFORMATION, PLEASE CALL (404) 656-3678.

| | | | |
|----------------------|--------------|---------------|--|
| Producer Name | | Pounds | |
| Address | | | |
| Town | State | Zip | |
| Phone | | | |

| | | | |
|----------------------|--------------|---------------|--|
| Producer Name | | Pounds | |
| Address | | | |
| Town | State | Zip | |
| Phone | | | |

| | | | |
|----------------------|--------------|---------------|--|
| Producer Name | | Pounds | |
| Address | | | |
| Town | State | Zip | |
| Phone | | | |