

CIAB
FORM #1

Weekly Raw Product Report

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

Week Ending: _____

Final Report: ☐

Report receipts of fruit starting with the first week of harvest and pack and continue until the harvest is completed. The reporting week ends on Saturday. The report is due in the CIAB office by close of business Eastern time on Monday following each week of harvest. Please indicate the completion of harvest for each district from which you receive cherries when you are done in the district and the Final Report when you have completed your harvest.

Handler: _____ Handler ID# _____
Address: _____
City, State Zip: _____
Telephone No.: _____

RAW PRODUCT RECEIVED By District of Production	WEEKLY PRODUCTION Total of Fruit Received	YEAR to DATE Total of Fruit Received	Harvest from District Completed
01 NW Michigan	_____	_____	☐
02 WC Michigan	_____	_____	☐
03 SW Michigan	_____	_____	☐
04 New York	_____	_____	☐
05 Oregon	_____	_____	☐
06 Pennsylvania	_____	_____	☐
07 Utah	_____	_____	☐
08 Washington	_____	_____	☐
09 Wisconsin	_____	_____	☐
TOTAL RECEIPTS	_____	_____	

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct report of product received by the Handler for the indicated period.

By: _____
Title: _____
Date: _____

(see other side for additional information)

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