

State of New York
 Department of Agriculture & Markets
 Division of Milk Control and Dairy Services
 10B Airline Drive
 Albany, New York 12235

DAIRY PROMOTION ORDER REPORT

Report for the month of _____,

Must be submitted to the Division of Dairy Industry Services & Producer Security **on or before** the 25th day following the month to which the report applies.

SCHEDULE A - PRODUCER-DEALERS

| | | Pounds of Milk |
|---|--------|---------------------------|
| <i>Total Own Farm Milk</i> | | |
| Milk Sold to Other Dealers - (Dealer Name) | Pounds | |
| | | |
| | | |
| | | |
| Total Raw Bulk Milk Sold | | |
| Net Pounds Subject to Assessment (Own Farm Milk Less Milk Sold to Other Dealers) | | <i>Net Pounds of Milk</i> |

SCHEDULE B - OBLIGATION TO DAIRY PROMOTION FUND

| | |
|---|----------|
| Assessment (Total Pounds of Milk from Schedule A x \$.10 per cwt.): | \$ _____ |
|---|----------|

SCHEDULE C - MARKET DESTINATION OF NEW YORK MILK

| | |
|--|------------------------|
| (For Administrative Purposes Only) | |
| New York Milk Marketed: | Pounds of Milk |
| In Western New York _____ → | _____ |
| In New England _____ → | _____ |
| In ADADC-MIDEAST Market _____ → | _____ |
| Other (specify) _____ → | _____ |
| In New York Federal Order Area (ADADC-NY) _____ → | _____ |
| ☆ (Must equal Net Total in Schedule A) | Net Total _____ |

I hereby certify that the information given in this report is true and complete to the best of my knowledge and belief.

Signature of Authorized Person: _____ Date: _____

Printed Name of Authorized Person: _____ Phone: () _____