

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
PO BOX 332, TRENTON, NJ 08625-0332
PHONE: (609) 913-6513 FAX: (609) 984- 2508
MilkDealers@ag.nj.gov - www.nj.gov/agriculture

STATE USE ONLY

Log # _____

Effective Date _____

PRINT OR TYPE

DAIRY FARMER'S REPORT OF INTENT TO CHANGE DEALERS

(Present Dealer)

Name _____

Address _____
Number and Street City State Zip Code

Pursuant to the provisions of NJAC 2:50-1.1, you are hereby notified that 28 days from this date I proposed to discontinue selling milk to you. Effective upon approval I will be selling my milk to:

(Proposed New Dealer)

Name _____

Address _____
Number and Street City State Zip Code

This the _____ day of _____ 20_____

(Dairy Farmer)

Name _____
Print or Type

Signature of Dairy Farmer

Address _____
Number and Street

City State Zip Code

NOTE: This form or a letter must be mailed to the present dealer. A copy must be filed with the Division of Marketing and Development. The effective date of the notice is the date that such notice is received by the Division of Marketing and Development.