

State of New Jersey- Department of Agriculture
Division of Marketing and Development
PO Box 330, Trenton, NJ 08625-0330
Phone: (609) 292-5576 Fax: (609) 984-2508
www.nj.gov/agriculture

CLAIM FORM
(PERISHABLE AGRICULTURAL COMMODITIES)

Grower's Name: _____

Mailing Address _____ Phone: _____

County of: _____

and State of New Jersey, **being duly sworn upon his oath deposes and says:**

At all times herein set forth he was a grower of perishable agricultural commodities as defined in Section 4:11-15 of the Revised Statutes of (1937) as amended.

On the days and dates listed in the statement annexed hereto and made part hereto, he sold to _____ of _____ as a Commission Merchant, Dealer or Broker as defined in Section 4:11 of said statute the items at the prices herein set forth, and all such items listed consist of perishable agricultural commodities, an all payments made to him on account on said sales are listed and credited, and there is due and owing to the deponent from _____ a total sum of \$ _____ and no part of aforesaid amount has been paid to said deponent to date.

Claimant's Signature Date

State of New Jersey) ss
County of _____)

Sworn and subscribed to before me this
_____ day of _____, _____

Attach the original sales slips or copies in case original sales slips have been lost or destroyed.

The CLAIM FORM may be used only by a New Jersey farmer, and this claim covers only agricultural commodities produced on the Claimant's own farm.