

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

REQUEST FOR ASSISTANCE

Name of Requestor: _____

Contact Name: _____

Phone No: _____ Fax No: _____ E-Mail Address: _____

Alleged Violation: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> False & Misleading Advertisement
(attach copy or describe ad) | <input type="checkbox"/> Sales Below Variable Cost
selling price _____ unit _____ |
| <input type="checkbox"/> Unlicensed Account | <input type="checkbox"/> Other _____ |

Name of Account: _____ ID Number: _____

Contact Name: _____

Address: _____

Phone No: _____ Fax No: _____

Failure to Pay Indebtedness

Balance Due: _____ as of _____
(to include only milk and milk products)

Date of Last Delivery: _____
(attach copy of last and/or outstanding invoices)

New Supplier: _____

Collection Attempts Made: _____
(attach additional sheets if necessary)

Print Name

Signature

Date