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STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
P. O. BOX 330, TRENTON, NJ 08625-0330
609-292-5646
www.nj.gov/agriculture

STATE USE ONLY

Log # _____ _____ Effective Date
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NOTICE TO DISCONTINUE SERVICE

PRINT OR TYPE

(Wholesale Customer)

Name _____

Address _____

Number and Street	City	State	Zip Code
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Pursuant to the provisions of NJAC 2:52-4.1 you are hereby notified that 14 days from this date we propose to discontinue serving you with milk and milk products.

This the _____ day of _____ 20 _____

(Present Dealer)

Signature	Trade Name
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Address _____

Number and Street	City	State	Zip Code
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For use by customer:

Customers who do not wish to have service during the notice period should complete the following statement and mail to Division of Marketing and Development.

I hereby waive my right to this Notice to Discontinue Milk Service and authorize the above named supplier to stop serving my account on

_____ Enter Date

_____ Signature

Signature	Title
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Trade Name	Date Signed
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NOTE: Customers receiving this notice are free to purchase the discontinued supply from the dealer or subdealer of their choice.