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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 #	

PRINT OR TYPE

NOTICE OF INTENT TO CHANGE SUPPLIERS*

(This form is to be filed by Licensed Stores or by the New Supplier on their on their behalf when changing suppliers of milk and/or milk products.)

	supplie	ers of milk and/or milk produc	cts.)			
Present Supplier*	r):					
Name						
Address						
	Number and Street		City	State	Zip Code	
Pursuant to NJAC 2	2:53-7.1b, I am herewith notifying you	that effective		20	_ ** I intend to:	
Check one:	1. Purchase my ENTIRE supply of milk and milk products			** Present supplier (must be given) at least 48 hours actual notice"		
	2. Purchase a PARTIAL supply of milk and milk products			NJAC 2:53-7.1(a)2.		
	3. Purchase only		om:			
	List I	Milk Products				
TO BE COMPLI	ETED BY PROPOSED NEW SUPPL	IER (Proposed New	w Supplier):			
Offer:	Gals. 1/2 Gals. Quart	Name (Print or	r Type)			
Whole Milk Low Fat .5 to 1%		Address (Num	ber and Street)			
4.5 to 20/		City		State	Zip Code	
1.5 to 2% Inducements:		indebtednes	I understand that pursuant to NJAC 2:53-7.1(a) 1, all indebtedness owed by my present supplier for milk and milk products must be paid prior to the change.			
		Amount owed:	\$	as of		
	at prices offered to the above-named unt are not below average variable cost				Last Billing Date	
	C 2:52-7.1 through 7.4.	Signature			Title	
		Applicant's Nar	me (Print or Type	e)		
	New Supplier's Name	Trade Name (i	f any)			
Ву		Address (Num	ber and Street)			
Title		_				
If meeting compe	titor's price:	City		State	Zip Code	
	Competitor's Name	Milk License No	umber	Pho	one Number	

^{*} Prepare separate notice for each supplier whose product is being changed or supplemented.