**DDI - 17** 

## 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**

## DEALERS NOTICE TO DAIRY FARMER OF INTENT TO STOP PURCHASING MILK\*

iry Farmer - Presen	t Supplier)				
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	Number and Street	City	State	Zip Code	
	ns of NJAC 2:50-2.1 you are he your milk. Effective upon appro			opose to	
pposed New Suppli	er)				
me					
dress					
	Number and Street	City	State	Zip Code	
s the		day of	20	_	
	(Dealer)				
	Name				
			Print or Type		
		Signature			
	Address				
		\$	Street and Number		
		City	State	Zip Code	

NOTE: \* This form or a letter must be mailed to the dairy farmer-present supplier. A copy must be filed with the Division of Marketing and Development. This regulation provides that the 28 days notice begins on the date a copy of the notice is received by our office.