## USDA, AMS, Dairy Programs Market Administrator 1550 North Brown Rd., Ste 120, Lawrenceville, GA 30043 (770) 682-2501 RECORD OF MILK PRODUCTS DUMPED OR LOST

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## UNITED STATES DEPARTMENT of AGRICULTURE AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAMS MARKET ADMINISTRATOR

Federal Orders 6 and 7
1550 North Brown Rd., Ste. 120, Lawrenceville, GA 30043
(770) 682-2501 Fax (770) 822-1038
www.fmmatlanta.com email: dumpedmilk@fmmatlanta.com

## RECORD OF MILK PRODUCTS DUMPED OR LOST

Instructions: To qualify for appropriate credit for dumped or lost product, notification must be made to the Market Administrator's office by telephone, fax, or email by the next business day. **Please report dump or loss to one of the phone numbers, fax numbers or email addresses listed above.** 

| HANDLER NAME                                    |                     | LOCATION              |  |                  |
|---|---------------------|-----------------------|--|------------------|
| DATE OF DUMP/LOSS                               | TIME                |                       | (CITY/STATE) Where and how was product disposed? |                  |
| (Please check description, explain if necessary |                     |                       |  |                  |
| Product dumped from batch tank, vat, sild       | o or other mea      | asurable method.      |  |                  |
| Explain:  |                     |                       |  |                  |
| Product loss was not contained (accident        | al loss, quant      | ity estimated througl | n other methods                                  | 5).              |
| Product Description                             | Units of<br>Measure | Product Weight        | Butterfat %                                      | Butterfat Pounds |
|   |                     |                       |  |                  |
|   |                     |                       |  |                  |
| Handler Comments:                               |                     |                       |  |                  |
|   |                     |                       |  |                  |
| ndler Representative: Name: Date:               |                     |                       |  |                  |
| MA Representative Receiving Notification:       |                     |                       |  | MA Use Only      |
| Name:   | Date:               |                       |  | Month            |
| Comments:                                       |                     |                       |  | Auditor          |
|   |                     |                       |  | Date             |