

MICHIGAN ONION COMMITTEE
6835 S Krepps Rd, St Johns, MI 48879

2021 Michigan Onion Assessment Form

FROM: _____ **MONTH:** _____
NAME:* _____ **DATE:** _____
ADDRESS: _____

Phone: _____ **Email:** _____

(Only need all updated contact info on first monthly form)
 (Make check out to Michigan Onion Committee and send to address listed at the top)

GROWER/PRODUCER NAME <small>(Only add address if new or changed)</small>	QUANTITY SOLD cwt.	ASSESSMENT <small>(.06 /cwt. OR \$.0006/lb.)</small>	Place 'X' if final
TOTAL:	cwt.	\$	

Please check if shipper/packer final report for the Crop Year:

Signed: _____ Title: _____

NOTE: Please consolidate all assessments from each grower during the month into a single entry.
 Use additional pages if necessary to include the complete listing.

If you have any questions, please call (517) 663-6725 or email
 gbird@michiganonion.com