

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

**2024 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
<b>TOTAL:</b>	<b>cwt.</b>	<b>\$</b>	

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