



United
States
Department
of
Agriculture

Federal Milk Market Administrator

Agricultural
Marketing Service
Dairy Programs

1930 - 220th St, SE, Suite 102
Bothell, WA 98021-8471
Tel: (425) 487-6009 Fax: (425) 487-2775
email: fmaseattle@fmaseattle.com
website: fmaseattle.com

REPORT OF MILK PRODUCTS DUMPED OR LOST

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



Federal Milk Market Administrator

Form Approved,
OMB No. 0581-0032

United States
Department Of
Agriculture

Agricultural Marketing Service
Dairy Programs

Marketing Area: Pacific Northwest and Arizona Phone 1: (425) 487-6009
 Federal Order No: Federal Milk Orders 124 & 131 Phone 2: (602) 547-2909
 Address: 1930-220th St. SE, Ste. 102 Phone 3: _____
Bothell, WA 98021
 Website: http://www.fmmaseattle.com
 Email: MAReports@fmmaseattle.com Fax 1: (425) 487-2775
 Fax 2: (602) 547-2906
 Fax 3: _____

REPORT 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 _____
(CITY/STATE)

DATE OF DUMP/LOSS _____ TIME _____ Where and how was product disposed? _____

(Please check description, explain if necessary)

Product dumped from batch tank, vat, silo or other measurable method.
 Explain: _____

Product loss was not contained (accidental loss, quantity estimated through other methods).
 Explain: _____

Product Description	Units of Measure	Product Weight	Butterfat %	SNF %

Handler Comments: _____

Handler Representative:

Name _____ Date _____

MA Representative Receiving Notification

Name _____ Date _____

Comments: _____

MA Use Only	
Month	
Auditor	
Date	