



# MICHIGAN BLUEBERRY COMMISSION ASSESSMENT REIMBURSEMENT REQUEST FORM

The information on this form is required to make a determination concerning a person's eligibility for reimbursement of assessments under research and promotion programs.

Please complete (print legibly) the following and return *no later than December 15<sup>th</sup>, 2018*:

Applicant's First and Last Name:			
Company Name:		Phone:	
Street Address:		Fax:	
City/State/Zip Code:		E-mail:	
Tax ID #			

**In order to be eligible for reimbursement of the assessment, the above-named entity must meet the following criteria:**

- PRODUCED LESS THAN 50,000 POUNDS OF MICHIGAN BLUEBERRIES FOR THE CROP YEAR

### **Certification Statement**

I hereby certify that my annual production of Michigan blueberries is less than 50,000 (fifty thousand) pounds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return this form **by 12/15/18** to:

Michigan Blueberry Commission  
PO Box 338  
Grand Junction, MI 49056