

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
PO BOX 332, TRENTON, NJ 08625-0332
PHONE: (609) 913-6513 FAX: (609) 984- 2508
MilkDealers@ag.nj.gov - www.nj.gov/agriculture

STATE USE ONLY

Log # _____

Effective Date _____

DDI - 13

NOTICE TO DISCONTINUE SERVICE

PRINT OR TYPE

(Wholesale Customer)

Name _____

Address _____

Number and Street

City

State

Zip Code

Pursuant to the provisions of NJAC 2:52-4.1 you are hereby notified that 14 days from this date we propose to discontinue serving you with milk and milk products.

This the _____ day of _____ 20 _____

(Present Dealer)

Signature

Trade Name

Address: _____

Number and Street

City

State

Zip Code

For use by customer:

Customers who do not wish to have service during the notice period should complete the following statement and mail to Division of Marketing and Development.

I hereby waive my right to this Notice to Discontinue Milk Service and authorize the above named supplier to stop serving my account on

_____ Date

_____ Signature

_____ Signature

_____ Title

_____ Trade Name

_____ Date Signed

NOTE: Customers receiving this notice are free to purchase the discontinued supply from the dealer or subdealer of their choice.