



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
 MIKE STRAIN DVM, COMMISSIONER
 Office of Animal Health & Food Safety, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225) 925-3962



**LOUISIANA CRAWFISH PROMOTION & RESEARCH
 REPORTING FORM FOR CRAWFISH BAG ASSESSMENT**

FROM: _____
 (Name of Distributor) Address

Report for Quarter of*

* July, August, September - **1st Quarter**; October, November, December - **2nd Quarter**;
 January, February March - **3rd Quarter**; April, May, June - **4th Quarter**

<u>Type of Bag:</u> (Volume of Crawfish)	<u>Quantity sold</u>	<u>Collections</u>
1. Less Than 25 lbs	_____	Assessment @ 1¢ = _____
2. 25 lbs. or more	_____	Assessment @ 2¢ = _____
		Total Collections = _____

Date Submitted _____ **Signed by** _____
 (Title)

Report is due on or before the fifteenth (15th) day of the first month of each calendar quarter for sales made the previous quarter.

A report is required from each collector of crawfish assessments even if there were no sales in the quarter being reported.

Please make all checks payable to **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY** and mail to the following address:

**Louisiana Department of Agriculture & Forestry
 Office of Management & Finance
 5825 Florida Blvd., Suite 1003
 Baton Rouge LA 70806**

CRAWFISH BAG ASSESSMENT 1060 - 01

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$	