DTCP-BBTP-014 (rev. 10/2024)

Wisconsin Department of Agriculture,
Trade and Consumer Protection
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CONTRACTOR'S AFFIDAVIT FOR CERTIFYING PRODUCER'S APPROVAL OF EXTENDED PAYMENT DATE IN VEGETABLE GROWERS CONTRACT

CONTRACTOR: _____

_____

_____

_____

I ,_____, attest that I am the authorized agent for the above named contractor, that I presided over a meeting of vegetable producers on the _____ day of _____, 20___ and that _____ producers attended the meeting. Notice of the meeting was mailed to all producers and _____ ballots were received by mail. The results of the ballot for approval of extending the contract payment date beyond January 31, 20___ to the ____ day of _____, 20____, are as follows:

_____ Producers cast ballots for approval

_____ Producers cast ballots against approval

_____ Producers present abstained from voting

The undersigned swears that this is a true, complete, and accurate statement on the results of the ballot required by Wis. Stat. § 126.63(5).

_____ _____ _____

Signature Position Date

STATE OF Wisconsin)
) ss.
COUNTY OF _____)

I ,_____, being duly sworn on oath, depose and say that I am the person who signed the above and foregoing instrument; that I have read the contents thereof, both written and printed matter, and that the same are true and correct.

Subscribed and sworn to before me on

_____, 20____

_____
(Notary Public)

My commission expires _____