

Name of Grower: _____ Grower #: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone number: () _____ Cell number: () _____
 Email: _____

A. Attached are _____ revised orchard maps. The rest are the same.

B. Attached are _____ new orchard maps.
(Number of maps)

C. I have removed the following blocks _____

Signature: _____ **Dated:** _____

CIAB Form 6 (Rev. 01/2021)

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
TART CHERRY ORCHARD MAP**

GROWER NAME:	CIAB #:	PHONE:
ADDRESS:	CITY:	STATE: ZIP:
BLOCK NAME:	BLOCK #:	COUNTY:
Township: _____ Section #: _____ T: _____ R: _____ S: _____ (Example: T2N, R1W, S12)		
NEAREST CROSSROADS: _____ and _____		
LOCATION DIRECTIONS:		

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES

ACRES: ____ . ____ SPACING: ____ x ____	VARIETY: Montmorency <input type="checkbox"/> Balaton <input type="checkbox"/>
EST. OF LIVE TREES REMAINING: ____ %	(optional) Other <input type="checkbox"/>
ROW NO. 1 IS ON THE <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West SIDE OF THE FIELD.	

PLEASE NOTE: PLEASE MAP THE BLOCK AS IT WAS ORIGINALLY PLANTED.

ROW NO.	TREES IN ROW	YEAR PLANTED	ROW NO.	TREES IN ROW	YEAR PLANTED	ROW NO.	TREES IN ROW	YEAR PLANTED
1			21			41		
2			22			42		
3			23			43		
4			24			44		
5			25			45		
6			26			46		
7			27			47		
8			28			48		
9			29			49		
10			30			50		
11			31			51		
12			32			52		
13			33			53		
14			34			54		
15			35			55		
16			36			56		
17			37			57		
18			38			58		
19			39			59		
20			40			60		

IF THE BLOCK IS LARGER THAN 60 ROWS, USE ANOTHER MAP FOR THE CONTINUATION AND INDICATE THAT THE SECOND MAP IS A CONTINUATION OF THE FIRST. ATTACH OR DRAW MAP(S) THAT SHOWS BLOCK LOCATION USING SECTIONS, TOWNS, ROADS, and/or OTHER IMPORTANT LANDMARKS SO THAT THE BLOCK CAN BE EASILY FOUND.

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT MAPPING OF THE ORCHARD TO WHICH IT APPLIES.

Grower Signature: _____ Date: _____

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