GROWER REQUEST FOR VOLUNTARILY WAIVED BEEKEEPER INFORMATION

Date of Request:_____ Phone Number:_____

Name of Grower / Permittee:_____ Permit Number:_____

Find all registered apiaries / beekeepers that have signed a release of confidentiality waiver within 2 miles of:

Check one

☐ **All** my currently valid registered seedless tangerine locations. (Leave section below blank)

☐ **Only** those currently valid registered seedless tangerines listed below. (Complete Section below)

Grower Site I.D. (as stated on permit)	Field Location (as stated on permit)	Acreage (as stated on Mandarin Registration)

Information is to be Provided to Grower VIA:

Check one and complete the appropriate blank(s).

☐ In Person Name: _____

☐ By Mail: Mailing Address: _____

City: _____ St. _____ Zip Code: _____

☐ Fax: Fax Number: _____