

To: Debbie Bright  
Assistant Finance & Accounting Director  
Florida Department of Citrus  
P. O. Box 9010  
Bartow, Florida 33831-9010

Request for Periodic Citrus Advertising Assessment Payments for 2012-13  
Gift Fruit Shippers and Roadside Stand Operators  
Form 6R

Assessment paid boxes (1 3/5 bu.) shipped in 2010-11 \_\_\_\_\_

Assessment paid boxes (1 3/5 bu.) shipped in 2011-12 \_\_\_\_\_

Payment period requested (check one): Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

(Type or print name and title)

Signature: \_\_\_\_\_

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Department of Citrus Use Only:

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

CIT/REV/11 REV. 5-15-12, 20-100.004(42)