

New York State
Department of Agriculture & Markets

Division of Milk Control & Dairy Services
Phone: 518-457-1772 Fax 518-485-8730

NOTIFICATION OF APPARENT NON-COMPLIANCE

Agriculture and Markets Law §258-b subdivision 2.(d)

This form may be filed by a licensed milk dealer who believes that a wholesale milk purchaser, excluding a public institution, has not complied with the notification and payment requirements of Ag & Mkts Law §258-b subdivision 2.(d)

Date: _____

NYS Licensed Milk Dealer Information (former milk supplier filing complaint)

Business Name: _____

Contact Name: _____ Title: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail address: _____

Signature of person filing complaint: _____ Date: _____

Wholesale Customer Information:

Business Name: _____

Contact Name: _____ Title: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail address: _____

- Date Wholesale Customer provided Notification of Intent to Discontinue Service _____
- Date Wholesale Customer discontinued service _____
- Name of person who provided Discontinuance Notice:
_____ Title: _____
- Name of person who received Notice of Intent to Discontinue Service:
_____ Title: _____

(please continue on next page)

NATURE OF COMPLAINT

PLEASE CHECK AND/OR FILL IN ALL OF THE FOLLOWING THAT APPLY:

_____ Wholesale customer has not paid for all outstanding invoices before switching milk supplier

Balance of total outstanding invoices: \$ _____ Date of Last Delivery: _____

_____ Wholesale customer has not provided proof of any surety bond or legal financial instrument to guarantee payment for outstanding invoices

_____ Wholesale customer disagrees with current/final balance owed to milk supplier

_____ All substantial pre-existing contractual agreements between wholesale customer and milk distributor **have** been satisfied.

_____ All substantial pre-existing contractual agreements between wholesale customer and milk distributor **have not** been satisfied. (Please describe in space below)

_____ Action taken by milk dealer to resolve complaint:

(Other information) – Add additional sheets as needed

The Department will not take any action on this notification until you have provided a signed and dated copy of it and included copies of any documents, invoices and correspondence which support your position. Send the signed notification and any supporting documentation to:

*New York State Department of Agriculture & Markets
Attn: William Francis, Director
Division of Milk Control & Dairy Services
10B Airline Drive
Albany, NY 12235*