



**SPECIALTY CROPS INSPECTION DIVISION
STATE COOPERATORS' COMMUNICATION/FEEDBACK FORM**

TO:	DATE:
FROM:	PHONE:
TITLE:	EMAIL:
OFFICE/BRANCH:	
OBJECTIVE OF COMMUNICATION:	
REFERENCE MATERIAL:	
RESPONSE DUE DATE:	
I WILL SERVE ON A DISCUSSION COMMITTEE IF NECESSARY: YES ___ NO ___	
RESPONDER'S COMMENTS:	
RESPONDER'S NAME:	DATE:
PHONE:	ADDRESS:
EMAIL:	