

## **Stored Grain Declaration**

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID
			l			

Telephone Number Home Quarter: Power of Attorney:

Contact Information	Local Number	Toll-Free Num	ber Fax	Number
<ul> <li>In condos or eleva</li> </ul>	Isewhere in bins or piles ators acilities or locations (for e s for accurate volumes Il be sold or fed prior to	example; barns, shed prior to reporting. o harvest and if you	ı will be covering	with
Metric: (kilograms)	Imperial: (bushels)			
Crop Code or Name	Estimated Gross Amount	Amount that will be sold prior to harvest	Amount that will be fed prior to harvest	Will any of this be covered with new production? (Y/N)
THIS FORM IS TO BE RE NOTE: Additional forms and If the above reported store	e available from your CS	O or visit www.scic.our customer service o	ca. office.	
Customer Signature		Date		

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