



**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE  
DIVISION OF AGRICULTURAL SERVICES**

Dairy/Egg Program - Alfred Dairy Science Hall  
Box 2104

Brookings, SD 57007

Phone: 605-688-MILK (6455) / Fax: 605-688-4043

<http://sdda.sd.gov/ag-services/dairy-and-eggs>

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

Receipt Number: \_\_\_\_\_

**SOUTH DAKOTA RAW MILK MONTHLY ASSESSMENT FORM**

REPORT OF MILK PURCHASED BY MILK BUYER

(Milk Buyer Name) \_\_\_\_\_

POUNDS OF MILK PURCHASED

(Month) \_\_\_\_\_

- |  |           |
|--|-----------|
| 1. Pounds of Grade A milk purchased from South Dakota producers.                 | _____ lbs |
| 2. Pounds of Grade B milk purchased from South Dakota producers.                 | _____ lbs |
| 3. Total of lines 1 and 2.   | _____ lbs |
| 4. Divide the total on line 3 by 100 (total cwt).                                | _____ cwt |
| 5. Amount due for milk purchased during this reporting period (line 4 x \$.007). | \$ _____  |
| 6. Amount remitted with this report.   | \$ _____  |

Pursuant to SDCL 40-32-25 beginning January 1, 2010, each milk buyer shall pay a monthly Raw Milk Assessment Fee on all milk purchased from South Dakota producers, which shall be paid by the beginning of each month to the Secretary.

Make checks payable to the South Dakota Department of Agriculture and mail to:

South Dakota Department of Agriculture  
**DIVISION OF AGRICULTURAL SERVICES**  
Dairy/Egg Program - Alfred Dairy Science Hall  
Box 2104 Brookings, SD 57007

DATE: \_\_\_\_\_

RESPONDING OFFICIALS NAME (Print) \_\_\_\_\_

TITLE (Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_