

# "SUPER" MILK Award Nominees

Milk Handler \_\_\_\_\_ Phone number(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Inspector's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_ e-mail \_\_\_\_\_

Previous winner \_\_\_\_\_ New winner \_\_\_\_\_  
Producer Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
*(Include producer name for all nominees)*  
Preferred Name \_\_\_\_\_  
*(To be used only if nominee prefers to be recognized by this name.)*  
Producer address \_\_\_\_\_ County \_\_\_\_\_  
Zip code \_\_\_\_\_  
10/12 11/12 12/12  
Total months with SCC of 250,000 or less (Please circle)

Previous winner \_\_\_\_\_ New winner \_\_\_\_\_  
Producer Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
*(Include producer name for all nominees)*  
Preferred Name \_\_\_\_\_  
*(To be used only if nominee prefers to be recognized by this name.)*  
Producer address \_\_\_\_\_ County \_\_\_\_\_  
Zip code \_\_\_\_\_  
10/12 11/12 12/12  
Total months with SCC of 250,000 or less (Please circle)

Previous winner \_\_\_\_\_ New winner \_\_\_\_\_  
Producer Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
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Producer address \_\_\_\_\_ County \_\_\_\_\_  
Zip code \_\_\_\_\_  
10/12 11/12 12/12  
Total months with SCC of 250,000 or less (Please circle)

**\*\* Deadline March 1 \*\***