

WALLA WALLA SWEET ONION MARKETING COMMITTEE
 P.O. Box 644, Walla Walla, WA 99362
 Phone (509) 525-1031 / Fax (509) 522-2038

HANDLER'S STATEMENT OF WALLA WALLA SWEET ONION SHIPMENTS

HANDLERS of *Walla Walla Sweet Onions*, as defined by Marketing Order No. 956, are required to submit this statement, along with all assessments due, to the Walla Walla Sweet Onion Marketing Committee, by **September 30**, for onions handled prior to September 1 of each year. For sweet onions handled September 1 or later, an additional statement and assessment payment must be submitted no later than thirty (30) days after the end of the month in which the sweet onions were handled. Delinquent accounts will be charged interest at the rate of 1.5% per month. Walla Walla Sweet Onions include all varieties of *Allium cepa* grown within the production area, except Spanish hybrid varieties (see section 956.4 and 956.5 of the Marketing Order).

ENCLOSED FIND A CHECK or MONEY ORDER FOR \$ _____. The enclosed check/money order is payment in full for assessments owed for all assessable shipments of Walla Walla Sweet Onions made during the current marketing season. **Assessments were calculated from handling sweet onions from the following producers:**

| PRODUCER | No. of 50 lb Equiv. | PRODUCER | No. of 50 lb Equiv. |
|-----------------|----------------------------|-----------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Please use extra paper for additional entries)

This is to certify that _____ shipped _____ 50 lb equivalencies
Handler *Total Amount*
 of Walla Walla Sweet Onions at \$_____ **per 50 lb equivalency** during the current season as indicated below, noting number of 50 lb equivalencies shipped to each region during each week. (Note: Roadside stand sales and gift box sales are exempt from reporting region shipped, but must still report number of equivalencies shipped each week.)

| WEEK ENDING | No. of 50 lb Equiv. | REGION SHIPPED |
|--------------------|----------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Please use extra paper for additional entries)

Signature **Date** **Address**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. The time required to complete this information collection is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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