

State Of Washington Potato Committee PO Box 1815, Moses Lake, WA 98837

MODIFICATION OF INSPECTION REPORT

(Reproduce Locally)

Name of Shipper	Shipped To/Receiver	
Address	Address	
City, State, Zip	City, State, Zip	
Phone	Phone	
Carrier	Destination	

NOTICE: This report can only be used under the authority granted by the State of Washington Potato Committee (Committee), and is valid only if all the required information is contained herein. Any abuse or misuse of this form will result in the cancellation of modification of inspection privileges.

Variety (Russets, Reds, Etc.)	Date Shipped	CWT	Number & Type of Containers	Minimum Size	US No. 1, US No. 2, or No Grade
DISTRIBUTION:	1				shipper, do herby certify that the quantity, and the
Please fax to the Committee: (50)	9)765-4853		qua	ality, and/or conditio	n pertaining to said products were as herein stated.
		Shipper's S	Signature	Date	

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