

WALLA WALLA SWEET ONION MARKETING COMMITTEE

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

SPECIAL PURPOSE SHIPMENT REPORT

Completion of this form and its submission to the Walla Walla Sweet Onion Marketing Committee (Committee) is **MANDATORY** if you have shipped or received Walla Walla sweet onions out of the production area under a Certificate of Privilege.

Completed by **SHIPPER** **RECEIVER** **Certificate of Privilege No.** _____
 Company Name _____
 Contact Name _____ Phone _____ Fax _____
 Address _____

Shipped To / Received From	Quantity Shipped (50 lb equiv)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

THE **RECEIVER** OF SWEET ONIONS HANDLED UNDER A CERTIFICATE OF PRIVILEGE IS RESPONSIBLE FOR THE PAYMENT OF THE COMMITTEE ASSESSMENT AT THE CURRENT RATE OF \$ _____ PER 50 LB. EQUIVALENT. PLEASE ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO THE WALLA WALLA SWEET ONION MARKETING COMMITTEE FOR: \$ _____.

The enclosed check/money order is payment in full for assessments owed for all shipments of Walla Walla sweet onions handled under the Certificate of Privilege during the 20___ - 20___ marketing year.

Signature _____ **Date** _____

This form must be completed and returned, along with any assessment due, to the Committee within 30 days of the date of last shipment.

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