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 Company Name		f Privilege No
Contact Name	Phone	Fax
Address		
Received From	Quantity Shipped (50 lb equiv)	
		-
		-
		-
		TOTAL
THE RECEIVER OF SWEET ONIONS HAN		
RESPONSIBLE FOR THE PAYMENT OF TH RATE OF \$ PER 50 LB. EQUIVALENT		
PAYABLE TO THE "WALLA WALLA SWE		
\$		

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.

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 20 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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Form 4 (Rev. 01/2014) Destroy previous editions.