OMB No. 0581-0178

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	

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Variety (Russets, Reds, Etc.)	Date Shipped	CWT	Number & Type of Containers	Minimum Size	US No. 1, US No. 2, or No Grade

DISTRIBUTION:
Please fax to the Committee: (509) 765-4853

I, the undersigned, a duly authorized shipper, do herby certify that the quantity, and the quality, and/or condition pertaining to said products were as herein stated.

Shipper's Signature _____ Date _____

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