

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

MODIFICATION OF INSPECTION REPORT

(Reproduce Locally)

Date

Name of Shipper			Shipped To/Receiver				
Address	Address				Addre	SS	
City, State, Zip				City, State, Zip			
Phone	ne			Phone			
Carrier					Destination		
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DISTRIBUTION: Please fax to the Committee: (509) 765-4853 I, the undersigned, a duly authorized shipper, do herby certify that the quantity, and quality, and/or condition pertaining to said products were as herein sta							

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Shipper's Signature

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(Rev. 01/2017) Destroy previous editions.