

WALLA WALLA SWEET ONION MARKETING COMMITTEE
6601 W. Deschutes Ave., Suite C-2
Kennewick, WA 99336
Phone: (509) 585-5460 or Fax: (509) 585-2671

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 _____

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.

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 (Exp. x/xxxx) Destroy previous editions.