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	
Contact Name	Phone Fax
Address	
Received From	Quantity Shipped (50 lb equiv)
	TOTAL
THE <i>RECEIVER</i> OF SWEET ONIONS HAN RESPONSIBLE FOR THE PAYMENT OF THE RATE OF \$ PER 50 LB. EQUIVALENT	DLED UNDER A CERTIFICATE OF PRIVILEGE IS HE COMMITTEE ASSESSMENT AT THE CURRENT PLEASE ENCLOSE A CHECK OR MONEY ORDER CET ONION MARKETING COMMITTEE" FOR:
	in full for assessments owed for all shipments of Walla ficate of Privilege during the 20 20
Signature	Date
This form must be completed and returned, alon	g with any assessment due, to the Committee within 30 days

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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of the date of last shipment.