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 **Certificate of Privilege No. _____**
Company Name _____
Contact Name _____ Phone _____ Fax _____
Address _____

Shipped To / 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.

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