



Hensall District Co-operative, Incorporated  
 1 Davidson Drive PO Box 219  
 Hensall Ontario N0M 1X0  
 Phone: (519) 262-3002  
 Fax: (519) 262-2317

## Product Application Report

Producer/Company Name:	Phone #
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Field Name (what <u>you</u> call it): Acres:
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For office use: Contract #	Entered by:	Received & Verified By: _____
Market Class:	Variety Planted:	

Planting Date: \_\_\_\_\_ Sewage sludge previously applied  Yes  No  
 If yes, how many years ago \_\_\_\_\_

**Applications (include all products applied)**

Date	Product	Rate	Pre-Plant Burndown	PPI	Pre	Post	Pre-Harvest

Producer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax to one of the following Hensall Co-op locations within 10 days of final application.  
 Hensall 519-262-3412, Kurtzville 519-291-5928, Mitchell Elevator 519-393-5678**

**This document is required prior to settlement.**