



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 #
------------------------	---------

Field Name (what <u>you</u> call it): Acres:
---

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 forward to Calem or Dan within 10 days of final application  
 Fax 204-745-9416 [calexander@hdc.on.ca](mailto:calexander@hdc.on.ca) [dbolton@hdc.on.ca](mailto:dbolton@hdc.on.ca)  
**This document is required prior to settlement.**