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 you 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	PPI	Pre	Post	Pre-harvest

Producer signature: _____ Date: _____

Please fax to HDC 519-262-3412, mail, or deliver to any HDC location within 10 days of final product application.

This document is required prior to settlement.