



Request for Pollination Service Inspection

(This form must be fully completed before an investigation will be initiated.)

..... NAME OF PRODUCER NAME OF SERVICE PROVIDER
..... CONTACT PERSON CONTACT PERSON
ADDRESS:	ADDRESS:
.....
.....
CELL:	CELL:
Email:	Email:
MEMBER? (YES/NO):	MEMBER? (YES/NO):

It is confirmed that a written WCBA type of Pollination Agreement is in place between the above parties.

.....
.....

SUSPECTED/ALLEGED REASON FOR REQUESTING THIS INVESTIGATION

.....

DIRECTIONS TO INSPECTION SITE

The Producer declares that he has made an effort to contact the Service Provider regarding the above and that the latter:

- Agrees to this request Could not be reached the past 24 hours
- Did not address the problem appropriately within 24 hours after being notified

The undersigned agrees to accept the standards and tariffs of WCBA, the choice of the Inspector and his findings and that payment for this inspection is due within 14 days after being supplied with an invoice.

_____ SIGNATURE OF PRODUCER	_____ DATE	_____ TIME OF DAY
--------------------------------	---------------	----------------------