Wheat Assessment Return Form #2

Company Name:_____

Wheat Grown in_____County
(Please provide a separate Form #2 for each county)

Reporting Period:_____, _____ to _____, _____
(Month/Day) (Year) (Month/Day) (Year)

Page _____ of _____

Month/Year		*OWC	Name and Complete Address of Seller	Harvest	Net Bushels	Assessment		Loan

Oregon Wheat Commission
1200 NW Naito Parkway, Suite 370
Portland, OR 97209
Tel: 503-467-2161; Fax: 503-467-2165

*Assigned by OWC. Leave blank if not available

TOTALS