

FIELD NO.(S) _____ ACRES: _____ PLANTING DATE: _____

PLANTING RATE: _____ PREVIOUS CROP: _____

SEED TREATED? Yes No TREATMENT CHEMICAL(S) _____

CHEMICALS APPLIED/GROWTH STAGE: _____

OTHER PRODUCTION INFORMATION:(Fertilization) _____

LOCATION OF FIELD(S): _____

DIRECTIONS: _____

PROVIDE DETAILED MAPS OF FIELDS FOR CASE CONSIDERATION

.....
The information provided on this request for arbitration is true and correct.

Signature of Grower/Applicant **Date:** _____

Subscribed and sworn before me this _____th day of _____, _____

Year

in the State of _____, County of _____

My commission expires _____, _____

Date

Notary Public Signature

Notary Seal:

Mail application, filing fee and all attachments to:

Office of Indiana State Chemist & Seed Commissioner
175 S. University Street, Purdue University
West Lafayette, IN 47907-2063