

Colorado Sheep & Wool Authority
MONTHLY REPORT FOR SHEEP MARKETING IN OR FROM COLORADO

Sale Barn Information

Report for the Month of _____

Name of Sale Barn _____
Address _____ City _____ State _____ Zip Code _____
Email _____

Seller Information: List the names and addresses of all people selling sheep through the sale barn this month. A computer printout with the required information may be submitted in place of filling out this form. This form must be signed by a representative of the sale barn.

Name	Address	City	Zip Code	# of Sheep Sold	Assessment Deducted (\$0.25/head)	Date of Sale	Office Use
TOTAL ASSESSMENTS DEDUCTED & REMITTED							

Certification: I hereby certify that the above information is correct and accurate to the best of my knowledge. I am aware that false information or failure to report may result in civil and administrative penalties.

Sale Barn Representative's Signature _____

Date _____

Make Checks Payable to the Colorado Sheep & Wool Authority

*Mail payment and assessment report to
Colorado Sheep & Wool Authority
PO Box 292 • Delta, CO 81416-0292*

*cwgawool@aol.com • coloradosheep.org
(970) 874-1433 • (970) 874-4170 fax*