# ONTARIO TURKEY CUSTOM SLAUGHTER REPORT

Turkey Farmers of Ontario
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**PROCESSOR NAME**_____

**SLAUGHTER LICENCE#** _____

| DATE KILLED | CUSTOMER'S FULL NAME | 911 NUMBER AND ROAD NAME ONLY | TOWNSHIP OR MUNICIPALITY | COUNTY OR DISTRICT | AREA CODE PHONE NUMBER | E-MAIL ADDRESS | # OF TURKEYS |
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**PLEASE TYPE OR PRINT AND ENSURE ALL FIELDS ARE COMPLETED.  YOUR SLAUGHTER LICENCE NUMBER MUST APPEAR ON FORM. THIS FORM IS CONFIDENTIAL.**