

ONTARIO TURKEY SALES REPORT

Turkey Farmers Of Ontario
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 Kitchener, ON N2P 2N6
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 E-Mail: info@turkeyfarmers.on.ca



DEALER'S LICENCE #: _____
DEALER'S NAME: _____
HATCHERY OF ORIGIN: _____
DATE PURCHASED: _____ **QUANTITY:** _____

DATE			TOWNSHIP OR	COUNTY OR	AREA CODE	E-MAIL	# OF
SOLD	PURCHASER'S FULL NAME	911 NUMBER AND ROAD NAME ONLY	MUNICIPALITY	DISTRICT	PHONE NUMBER	ADDRESS	TURKEYS

PLEASE TYPE OR PRINT CLEARLY AND ENSURE ALL FIELDS ARE COMPLETED. YOUR DEALER LICENCE NUMBER MUST APPEAR ON FORM. THIS FORM IS CONFIDENTIAL.