TURKEY FARMERS OF ONTARIO
CUSTOM PROCESSING REPORT

PROCESSOR LICENCE #:

PROCESSOR NAME:

Date Killed	Customer's Full Name	911 Number and Road Name	Township or Municipality	County or District	Phone Number (10 digits)	Email Address	# of Turkeys

PLEASE ENSURE ALL FIELDS ARE COMPLETED. YOUR SLAUGHTER LICENCE NUMBER MUST APPEAR ON FORM. THIS FORM IS CONFIDENTIAL.

SUBMIT