

PETIOLE SUBMISSION FORM



Name _____ Account # _____

Address _____ County _____

City _____ State _____ ZIP _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

Report (Check choices): Email Web Fax Mail

Submitted By: _____

OFFICE USE ONLY	County Code _____
Laboratory Sample # _____	Date Received _____

SAMPLE #	FARM	FIELD ID	VARIETY	DAYS OF EMERGENCE	DATE SAMPLED

CUSTOMER COMMENTS

LABORATORY COMMENTS