



SHASTA COUNTY

DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

JOHN INGRAM

Agricultural Commissioner
Sealer of Weights & Measures

3179 Bechelli Lane, Suite 210, Redding, CA 96002
California Relay Service: 711 or 800-735-2922
Voice: 530-224-4949 ∇ Fax: 530-224-4951

**Please complete the following form, and mail,
fax or hand deliver to our office.**

SHASTA COUNTY DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES
 3179 Bechelli Lane, Suite 210, Redding, CA 96002
 (530) 224-4949 Fax (530) 224-4951

REQUEST FOR SERVICES/WORK ORDER

I hereby request the following services(s) and agree to pay for this service according to the current schedule of charges and fees:

- Apiary Certificate Inspection
- Phytosanitary Certificate Inspection Commodity: _____
- Seed Service Sample Type of Seed: _____
- Device Test Request
 Type and number of Devices: _____
- Quarantine Inspection
 Seed Weed Free Crop _____
- Other (specify) _____

Location where service is needed: _____

Date when service is needed: _____

I hereby agree to indemnify, defend and save harmless the County of Shasta, its officers, agents and employees for any and all claims, expenses, causes of action, liability, loss or injury, regardless of their nature or character, relating to or arising out of the activities performed pursuant to this work order unless such claim results from the sole negligence or intentional wrongdoing of Shasta County of its officers, agents, volunteers, or employees.

Signature _____ Business Name _____

Mailing Address _____ State _____ Zip Code _____

Phone Number _____ Date _____

FOR OFFICIAL USE ONLY

Work Order Assigned to _____ Date Service Completed _____

_____	Days @	\$	_____	/day	=	\$	_____
_____	Tests @	\$	_____	/each	=	\$	_____
_____	Hours @	\$	_____	/hour	=	\$	_____
_____	Miles @	\$	_____	/mile	=	\$	_____

<input type="checkbox"/>	Cash	\$	_____
<input type="checkbox"/>	Check	\$	_____
<input type="checkbox"/>	Charge*	\$	_____

*Due within 15 days

Total \$ _____

Received by _____