**Colorado Sheep & Wool Authority**

# ***REPORT FOR SHEEP MARKETED IN OR FROM COLORADO***

**County/State Fair Information _____ Report for the Month of_____**

**Name of Fair**_____
**Address**_____**City**_____**State**_____ **Zip Code**_____
**Email**_____

**Seller Information:** List the names and addresses of all exhibitors selling sheep through this fair. A computer printout with the required information may be submitted in place of filling out this form. This form must be signed by a representative of the fair.

| Name | Address | City | Zip Code | # of Sheep Sold | Assessment Deducted ($0.25/head) | Date of Sale | Office Use |
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| ***TOTAL ASSESSMENTS DEDUCTED & REMITTED*** | | | | | | | |

***Certification: I hereby certify that the above information is correct and accurate to the best of my knowledge. I am aware that false information or failure to report may result in civil and administrative penalties.***

_____

***County/State Fair Representative's Signature*** ***Date***

***Make Checks Payable to the Colorado Sheep & Wool Authority***

***Mail payment and assessment report to***
***Colorado Sheep & Wool Authority***
***PO Box 292 ● Delta, CO 81416-0292***

***cwgawool@aol.com ● coloradosheep.org***
***(970) 874-1433 ● (970) 874-4170 fax***