# Barley Assessment Return Form #2

Company Name:_____

Barley Grown in_____County
(Please provide a separate Form #2 for each county)

Reporting Period:_____, _____ to _____, _____
(Month/Day) (Year) (Month/Day) (Year)

Page _____ of _____

| Month/Year | | *OWC | Name and Complete Address of Seller | Harvest | Net Tons | Assessment | | Loan |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Oregon Wheat Commission
121 SW Salmon St, Suite 1150
Portland, OR 97204
Tel: 503-467-2161

*Assigned by OWC. Leave blank if not available

**TOTALS**

| | | |
|---|---|---|
| | | |

Revised 10/24