

Schedule "A"

FORAGE TESTING INTAKE FORM

Contact Information:

Name: \_\_\_\_\_ Organization/Farm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# of Samples Submitted: \_\_\_\_\_

Sample Types: \_\_\_\_\_

Payment Information:

Lac La Biche County will cover 100% of the costs for the first 2 samples. 50% of the costs will be covered for a 3rd and 4th sample, and any following samples the producer must pay 100% of the costs.

Payment can be made in-person at Lac La Biche County County Centre, 13422 HWY 881, Lac La Biche, AB, via debit or credit.

Consent and Authorization:

I, \_\_\_\_\_, hereby agree to the terms and conditions as set in the Forage Testing Policy and Procedure and its accompanying legislation, and authorize the County's designated testing lab to test the samples provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Lac La Biche County Intake Approval:

\_\_\_\_\_  
Print Name of Lac La Biche County Employee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

