



# SHASTA COUNTY

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## DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

**PAUL KJOS**  
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 \_\_\_\_\_

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FOR OFFICIAL USE ONLY

Work Order Assigned to \_\_\_\_\_ Date Service Completed \_\_\_\_\_

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

Total \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_  
 Check \$ \_\_\_\_\_  
 Charge\* \$ \_\_\_\_\_

\*Due within 15 days

Received by \_\_\_\_\_