

Lindcove Research & Extension Center



Seed Request

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Date:

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Agency:

E-mail: krschmidt@ucanr.edu

Address:

City:

State:

Zip:

Phone:

Email:

Project Number:

(If applicable)

Quantity requested	Variety			

Method of Payment:

Check

Account Number:

(If applicable)

Subtotal

Shipping

Balance Due

Method of delivery:

Pick Up

Shipped via FedEx

Project supervisor:

(internal Use only)