



# CCOF

Organic Certification    Education & Outreach    Political Advocacy    Promotion

## DOCUMENT RELEASE REQUEST FORM

Date: \_\_\_\_\_

Name of Certified Operation: \_\_\_\_\_

I, (name of authorized contact) \_\_\_\_\_, request release of the following documents:

- Inspection Report(s). Year(s) \_\_\_\_\_
  - List of inputs used
  - Organic System Plan
  - Client Renewal Form
  - Maps
  - Other (please specify): \_\_\_\_\_
- \_\_\_\_\_

The documents are to be released to:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Contact information (address, fax or email): \_\_\_\_\_

\_\_\_\_\_

Signature of authorized contact for the certified operation:

\_\_\_\_\_

