



Kankakee Grain Inspection, Inc



Download this form,
fill it out (offline - not
via your browser),
and press Submit

702 N East Street
Essex, IL 60935
(815) 365-2268
Fax (815) 365-2628

CUSTOMER SUBMITTAL FORM

DATE: _____

APPLICANT NAME: _____

ADDRESS: STREET: _____

CITY, STATE: _____

ZIP CODE: _____

PHONE: _____

EMAIL: _____

SAMPLE ID('S): _____

TYPE OF SERVICE REQUESTED: GRADE *or* FACTOR ONLY _____ OTHER _____

Mycotoxin test(s) needed: AFLATOXIN VOMITOXIN FUMONISIN ZEARALENONE

Are exact ppb or ppm required? YES NO

Note, an additional \$30.00 fee may be required for vomitoxin testing if result is over 5.4ppm.

Supplemental test required to certify any result over 5.4ppm.

FORM OF PAYMENT: ON ACCT CASH CHECK (PAYABLE TO: KANKAKEE GRAIN INSPECTION)

AMOUNT RECEIVED _____

SEND RESULTS TO: EMAIL PHONE FAX

OFFICE USE ONLY:

CUSTOMER #: _____