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Project/Client Name:

Project Number:

Contact Name:

Sampled By:

Ship to:

Attn:

Shipper:

Form filled out by:

Shipping Date: 3/30/23

Airbill Number:

Turnaround requested:

[illegible]

Distribution: White copies accompany shipment; yellow retained by consignor.

**To be completed by Laboratory upon sample receipt:**

200 West Mercer Street  
Suite 401  
Seattle, WA 98119  
Tel: (206) 378-1364  
Fax: (206) 217-9343

Windward<sup>LLC</sup>  
environmental