Al & Hannah Hjelmberg (218) 372-8300 Cell (218) 341-0296 92850 Military Road Sturgeon Lake, MN 55783 lakehavenmeats@hotmail.com





NAME:		
PROCESSING DATE:		
AMOUNT OF BIRDS:		
PROCESSING INFORMATI	ON:	
GIBLETS/FEET: Please circle of you would like them packaged to	which giblets you woul gether, please specify b	d like and instruct how you would like them packaged – below.
NECK	LIVER HEAR	T FEET
GIBLET SETS BACK IN WE	IOLE BIRDS	
REMAINDER — (Number or Pounds, Please Specify)		ER WRAP or VACUUM PACK num pack subject to \$.40/bag over one per bird fee)
NECKS/PACK	ALI	or Amount to Package
LIVERS/PACK	ALI	or Amount to Package
HEARTS/PACK	ALI	or Amount to Package
FEET/PACK	ALI	or Amount to Package
CUSTOMIZED PACK – Plea	se specify which ite	ems and amount to be packaged together
PROCESSING: Please choose he packaged accordingly-All birds	low you would like you will be packaged one b	ur birds packaged – Inform us of the number of birds to ird per bag unless specified otherwise.
WHOLE BIRDS	_	FRESH/FROZEN
HALVED BIRDS		FRESH/FROZEN
QUARTERED BIRDS		FRESH/FROZEN
8/9 PIECE BIRDS	_ Include Back- Yes/No	FRESH/FROZEN
REMAINDER:		FRESH/FROZEN

LEG&THIGH QUARTER / PACK
WHOLE WINGS / PACK
DRUMMED WINGS/PACK
BREAST – (please choose which way you would like them packaged)
BONE IN/SKIN ON SPLIT BREAST /PACK
BONELESS/SKIN-ON BREAST /PACK
BONELESS/SKINLESS BREAST/PACK
BACKS / PACK
FRAMES/ PACK
LABEL INFORMATION: Please provide us with your label information if you have not done so already or have changes to make. Your name along with one point of contact (address, phone or email/website) is required for your label. Please provide us with any/all information you would like on your label.
NAME
FARM NAME (to appear on label)
ADDRESS:
PHONE:EMAIL OR WEBSITE: