

Supplier: \_\_\_\_\_

# Litchfield Prime Meats & Provisions

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

205 East Street- P.O. Box 329, Litchfield, CT 06759

Weight: \_\_\_\_\_

Tel: 860-567-5448 Fax: 860-567-9437

USDA or NFS: \_\_\_\_\_

**Pick One**

**Paper Wrap**

**Cryovac**

**Boxes  
\$ 3 each**

**Bring your  
own**

## Lamb Cutting Instructions

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>Shoulder</b>	Roast	Bone in	Boneless	Weight: _____
	Chops	Thickness: _____		Number per pkg. _____

<b>Shank</b>	Ground	Whole
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<b>Breast</b>	Roast	Weight: _____
	Ground	Stew

<b>Rib</b>	Roast		
	Chops	Thickness: _____	Number per pkg. _____

<b>Stew</b>	Weight per pkg. _____
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<b>Loin</b>	Roast		
	Chops	Thickness: _____	Number per pkg. _____

<b>Leg</b>	Whole	BRT	Butter flied
	Chops	Thickness: _____	Number per pkg. _____

<b>Ground</b>	Weight per pkg. _____
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**Signature:** \_\_\_\_\_

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

**Email:** [lockerprocessing@gmail.com](mailto:lockerprocessing@gmail.com)

# Freezer Information

Number of Boxes: \_\_\_\_\_

Number of Trays: \_\_\_\_\_

Number of Boxes or Bags for Smokehouse if applicable: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Processing Charges

Total Weight of Animal/Animals: \_\_\_\_\_

\_\_\_ # Sausage Links: \_\_\_\_\_

\_\_\_ # Patties: \_\_\_\_\_

Additional Charges: \_\_\_\_\_

Contact regarding pricing? Yes  No

Check one: Voicemail/Message  Person

Total: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Initials: \_\_\_\_\_