State of Wisconsin
Governor Scott Walker

Department of Agriculture, Trade and Consumer Protection
Ben Brancel, Secretary

DEFAULT CLAIM for vegetables sold to _____

Today's date: _____

Grower's Legal Name: _____

Address: _____

Contact person: _____

Phone, cell, fax, email: _____

Our company/I sold vegetables to _____

Type of Vegetable(s): _____

Delivery dates: _____

Total Value of Vegetables Delivered: $_____

Total Harvested Acres _____

Seed Deduction (if any) $_____

Other Deductions (please specify): _____ $_____

Payments Received from _____ $_____

Outstanding Amount Owed by _____ $_____

Payments Received/Owed (please circle one) for Passed Acres $_____

Total Passed/Abandoned Acres _____

Signature of person filling claim: _____

Please supply supporting documentation, including your contract, and submit this claim to:

ERIC HANSON
AGRICULTURAL PRODUCER SECURITY SECTION
DATCP
PO BOX 8911
MADISON WI 53708-8911
Fax: 608-224-4937
Email: eric.hanson@wisconsin.gov

If you have any questions, you may contact Eric Hanson at (608) 224-4968
or Sally Sutherland at (608) 224-4966.