



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Trade and Consumer Protection
 Bureau of Business Trade Practices
 Agricultural Producer Security Section
www.datcp.wi.gov

Milk Producer Default Claim

Wisconsin Stat. § 15.04(1)(m) notice: This form is authorized by Wis. Stat. §§ 93.07(2), and 126.70(2). Under Wis. Stat. § 126.70(2), a claimant may file a default claim form with the agricultural producer security fund upon this form. This form is subject to Wisconsin's public records law, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information provided in this form might be used for purposes other than for which it was originally collected.

Wis. Stat. § 126.70

DATE:

MILK SOLD TO:

PRODUCER CONTACT INFORMATION

CLAIMANT/PRODUCER LEGAL NAME:

EMAIL:

CONTACT NAME:

PHONE:

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ADDRESS:

CITY:

STATE:

ZIP CODE:

CLAIM

TYPE OF MILK SOLD (GRADE A OR B, ORGANIC, COW/GOAT/SHEEP, ETC.):

WHAT DATE DID YOU FIRST LEARN ABOUT THE DEFAULT:

	Delivery Dates (Per Month)	Total Pounds (Per Month)	Total Value (Per Month)	Amount Owed to Milk Contractor	Payment Received	Amount Owed to Producer (Per Month)
Month 1:						
Month 2:						
TOTAL:						

If additional room is needed to explain claim amount, attach an additional page with documentation.

SIGNATURE

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE OF PRODUCER
(OR PRODUCER'S REPRESENTATIVE)

PRINT NAME

DATE

Contact Scott Manthey with questions at: (608) 224-4966

Please provide supporting documentation contracts, pricing schedules, delivery tickets and:

**MAIL this form and copies of
your papers to:**

Scott Manthey
 DATCP
 Agricultural Producer Security Section-Milk
 PO Box 8911
 Madison, WI 53708-8911

OR

EMAIL this form: Fill in electronically and
 attach digital copies of your papers and send to:

scott.mantry@wi.gov

OR FAX to:

(608) 224-4937