



Department of Agriculture, Trade and Consumer Protection

Agricultural Producer Security Section

2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

MILK PRODUCER DEFAULT CLAIM

(Wis. Stats. § 126.70)

Date: _____

Milk sold to: _____

Claimant/Producer's legal name: _____

Address: _____

Contact person: _____

Phone / Email: _____

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)	Amounts Owed to Milk Contractor	Payment Received	Amount Owed to Producer (Per Month)
Month 1:					
Month 2:					
Total:					

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

Signature of producer (or producer's representative): _____

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

SCOTT MANTHEY
DATCP
AGRICULTURAL PRODUCER SECURITY SECTION-MILK
PO BOX 8911
MADISON WI 53708-8911

Claim/documents can also be emailed [scott.manthey@wi.gov] or faxed [(608)224-4937]

If you have any questions, please contact: Scott Manthey at (608) 224-4966.