



Department of Agriculture, Trade and Consumer Protection

Agricultural Producer Security Section

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

VEGETABLES PRODUCER DEFAULT CLAIM

(Wis. Stats. § 126.70)

Date: _____

Vegetables sold to: _____

Claimant/Grower's legal name: _____

Address: _____

Contact person: _____

Phone / Email: _____

Type of Vegetable(s): _____

Delivery dates: _____

What date did you first learn about the default? _____

Total Value of Vegetables Delivered: \$ _____

Total Harvested Acres: _____

Seed Deduction (if any): \$ _____

Other Deductions (please specify): _____ \$ _____

Payments Received: \$ _____

Outstanding Amount Owed: \$ _____

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

Total Passed/Abandoned Acres: _____

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

Signature of claimant/grower (or claimant's representative): _____

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

**SCOTT MANTHEY
DATCP
AGRICULTURAL PRODUCER SECURITY SECTION-VEG
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.