



INDEMNITY FUND CLAIM FORM

FOR DIVISION USE ONLY:

Case Number:
Court:
Location:

CLAIM AGAINST

CLAIMANT

Name:
Mailing Address:
City, State, Zip:

Commodity (file separate claim for each commodity and each type of claim):

Type of Claim:

- Title Transfer (includes Delayed Price and Basis Contracts)
Priced not settled (includes cash sale and bad checks)
Bailment (grain bank and storage)

If you are not sure of the claim type you have or you are not sure what category your claim falls in, please contact ODA.

Have you requested payment? Yes No If yes, what date?

Summary of Claim (Fill in the information you have available.):

Table with 8 columns: TICKET NUMBER, DATE, NET LBS., NET BU., BASE PRICE, ADJUSTMENTS, NET PRICE, \$ AMOUNT

Total Net Bushels: # Total Claim Amount: \$

If you need more space than above to complete your claim, attach additional pages. Please include copies of your scale tickets, settlement sheets, delayed price agreements, basis contracts and any other documentation to substantiate your claim.

Do you owe for moisture discounts or other conditioning charges for the bushels on this claim? Yes No

Have you received a partial settlement or advance on the commodity listed above? Yes No If Yes, what amount?

Does the reported company claim you owe them for any other fees on this commodity, other commodities, or for any other open accounts? Yes No If Yes, how much? \$

Is this amount disputed? Yes No If Yes, how much do you owe?

- Original scale tickets attached (or photocopies thereof)
Need the originals returned.

Forward your claim to: OHIO DEPARTMENT OF AGRICULTURE, GRAIN WAREHOUSE SECTION, 8995 EAST MAIN STREET, REYNOLDSBURG, OH 43068-3399.

Signature of Claimant

Social Security Number (or Federal Tax ID Number)
SSN or Fed. ID Number MUST be listed or claim cannot be processed.