Indiana Grain Buyers and Warehouse Licensing Agency
Indiana State Department of Agriculture

CHANGE OF CONTACT INFORMATION FORM

SECTION A: CONTACT INFORMATION

In the spaces provided in Box 1 directly below, write in **ALL** of your **OLD** contact information that is currently on file with the Indiana Grain Buyers and Warehouse Licensing Agency ("Agency"). Please print all of your information.

Box 1

Claimant's Name: _____ ("Claimant")

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No. _____ Cell Phone No. _____

In the spaces provided in Box 2 directly below, write in **ALL** of your **NEW** contact information that will be the best way for the Agency to reach you for any questions or updates it may have regarding your filed claim and/or potential reimbursement. Please print all of your information.

Box 2

Claimant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No. _____ Cell Phone No. _____

If you are submitting this form on behalf of an entity farming under a name that is different from your personal name as Claimant, print your personal name in the space provided in Box 3 directly below.

Box 3

Personal Name: _____

SECTION B: CLAIM SUBMITTED

Check the box of the grain company in which Claimant identified in Section A above submitted a claim for a potential financial and/or storage loss. (Check all that apply)

[ ] Agland Grain, Inc.

[ ] Salamonie Mills, Inc.

SECTION C: ACKNOWLEDGEMENT

By signing my name below, I affirm under penalties of perjury that I have the authority to sign as or on behalf of Claimant, and the information I have provided on this form truthfully and accurately represents Claimant. Furthermore, I agree it is my responsibility to update the Agency, in writing, on any and all changes to the information that I have provided until Claimant has been fully reimbursed in accordance with Indiana Code 26-3-7 and Indiana Code 26-4.

_____ _____ / _____ / _____
Claimant's Signature Date