

Wyoming Livestock Board

WYOMING LIVESTOCK BOARD LAW ENFORCEMENT ACCOUNT  
LOSS/DAMAGE CLAIM FORM (BOARD FORM 3)

July 1, – May 1,

Complete this form for EACH piece of property lost or damaged during an eligible investigation.  
Incomplete forms will not be considered for reimbursement. Attach all receipts, estimates and any photos.

Date:

County:

County case #

PROPERTY INFORMATION

Type:

Serial Number or VIN:

Owner:

Date Purchased:

Purchase Price:

Replacement price:

Was the item insured at the time of damage or loss:

Was a claim submitted to the insurance agency:

If answered no above, provide explanation:

Insurance deductible amount:

Reimbursement amount requested:

DETAILED DESCRIPTION OF CIRCUMSTANCES SURROUNDING LOSS/DAMAGE:

[Empty rectangular box for detailed description of loss/damage]

By affixing my signature below, I hereby certify that this claim is just and accurate in all respects and that any insurance proceeds have been deducted from the claim amount.

*Signature and printed name of Sheriff or authorized representative*