

FOR OFFICE USE ONLY

Claim No. GD- \_\_\_\_\_

**GRAIN DEPOSITORS AND SELLERS INDEMNITY FUND  
GRAIN DEALER CLAIM FORM**

Name and Address of grain dealer under which claim arose:

1. Seller's Name: \_\_\_\_\_ By: \_\_\_\_\_  
(FIRST \ MIDDLE \ LAST) (NAME & TITLE)

2. Address: \_\_\_\_\_  
Street or Box No. City State Zip Code

3. Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

4. Social Security or Fed. Tax I.D. No. \_\_\_\_\_

5.

DATE OF DELIVERY	DOCUMENT NUMBER	TYPE OF GRAIN	TOTAL (GROSS) BUSHELS	REMAINING (PARTIAL) BUSHELS	PRICE

6. Prepayments/Advances:

DATE	GRAIN TYPE	SETTLEMENT SHEET NUMBER	BUSHELS	AMOUNT

7. Please indicate each item of documentation you are attaching to this claim:

☐

Scale Ticket

☐

Settlement Sheet

☐

Check returned NSF

(Non-sufficient funds)

☐

Other(please specify)

8. I,

\_\_\_\_\_

(Print full name or names)

being duly sworn, state under penalty of perjury that the information stated in and attached to this claim is true and correct to the best of my knowledge. If a partnership, I further state that I am authorized to file this claim on behalf of the partnership.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title \ Position)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
THE STATE OF \_\_\_\_\_

ALL CLAIM FORMS MUST BE NOTARIZED AND RETURNED TO:

**IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP  
GRAIN WAREHOUSE BUREAU  
HOOVER STATE OFFICE BUILDING  
1305 E. WALNUT STREET  
DES MOINES, IOWA 50319**

ALL CLAIMS MUST BE FILED WITH THE IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP  
WITHIN 120 DAYS OF CANCELLATION, TERMINATION OR REVOCATION OF THE GRAIN DEALER LICENSE  
OR WITHIN 120 DAYS OF THE FILING OF A BANKRUPTCY PETITION. (Address stated above).