

**CLAIM FORM**

CLAIM# _____
Department Use. _____

The undersigned,  
Name: \_\_\_\_\_ of Address \_\_\_\_\_ City \_\_\_\_\_

State & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

1. Makes this claim to the Director, Department of Agriculture, State of Illinois, against \_\_\_\_\_ for grain deposited and/or sold by the undersigned.

2. Has attached to, and made a part of this claim, copies of scale tickets, settlement sheets, Price Later contracts, original copies of warehouse receipts, and other documents indicating storage and/or sale of grain for which payment has not been made.

3. A. \_\_\_\_\_ Said grain on this claim is not under lien **OR** B. \_\_\_\_\_ Said grain on this claim is under lien with the following \_\_\_\_\_  
(yes/no) (yes/no)

Name of Lienholder \_\_\_\_\_

**Pre Determination Work Sheet**  
No Code = 100% 1=85% CLAIM 2= 0% CLAIM

WHS = Grain Warehouse Claim GD = Grain Dealer Claim

**PRO RATA OFFSET**

Claim Category	Reference # Price later # W/R # Settlement Sheet #	Date of Delivery and/or Date of Purchase	Type of Grain	Grade of Grain	Bushels	Gross Price	Basis	Quality Discount	Net Price	Gross \$	Check Off	Advance	Net Claim Amount	C O D E	NET	NET	NET	Claim		
															AMOUNT WAREHOUSE CLAIM	AMOUNT GRAIN DEALER CLAIM	85% GD CLAIM			

NET WAREHOUSE CLAIM: \_\_\_\_\_

NET GRAIN DEALER CLAIM: \_\_\_\_\_

TOTAL NET CLAIM \_\_\_\_\_

Please mail to: **ILLINOIS DEPARTMENT OF AGRICULTURE  
BUREAU OF WAREHOUSES  
STATE FAIRGROUNDS  
P.O. BOX 19281  
SPRINGFIELD, ILLINOIS 62794-9281**

Phone: **1-800-654-0882**

OFFICE CODE _____
Pre Determination Calculation
NET 100% WHS. CLAIM _____
NET 100% GD CLAIM _____
NET 85% GD CLAIM _____
TOTAL CLAIM _____

"Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters, the undersigned certifies as aforesaid that he/she verily believes the same to be true."

\_\_\_\_\_  
Signature and Title of Claimant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE CLAIM RECEIVED

\_\_\_\_\_  
DEPARTMENT REPRESENTATIVE